Robert Lionel Sanford
(Name)
Po Box 2199 Ironwood State Prison
(Address)
Blythe, Calif 92226
(City, State, Zip)
V-25176 D-3 206L
(CDC Inmate No.)

2254 ___ 1983 ✓
FILING FEE PAID
Yes ___ No ✓
IFP MOTION FILED
Yes ✓ No ___
COPIES SENT TO
Court ✓ ProSe ___

ORIGINAL

FILED
JUN 11 2008
CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY [signature] DEPUTY

United States District Court
Southern District of California

Robert Lionel Sanford,
(Enter full name of plaintiff in this action.)

Plaintiff,

v.

DOE: Director of Department of Corrections
L.E Scribner: Warden of Calipatria State Prison
Dr. Levin: Chief medical officer (CSP)
S. Thomas: Nurse Practitioner. (CSP)
R. Sowtell: LVN (CSP)
(Enter full name of each defendant in this action.)
L. Bonnett. Inmate Appeal coordinator (Ironwood State Prison)
D. Holbrook Appeal Coordinator (ISP.)

Defendant(s).

'08 CV 1049 H PCL
Civil Case No. ___
(To be supplied by Court Clerk)

Complaint under the Civil Rights Act 42 U.S.C. § 1983

A. Jurisdiction

Jurisdiction is invoked pursuant to 28 U.S.C. § 1343(a)(3) and 42 U.S.C. § 1983. If you wish to assert jurisdiction under different or additional authority, list them below. Plaintiff seeks declaratory Relief pursuant to 28 USC. Section 2201 And 2202. Plaintiff claims for injunctive Relief are Authorized by 28 USC section 2283. & 2284 And Rule 65 of the Federal Rules of Civil Procedure.

B. Parties

1. Plaintiff: This complaint alleges that the civil rights of Plaintiff, Robert Lionel Sanford. (print Plaintiff's name) V-25176, who presently resides at Ironwood State Prison (mailing address or place of confinement) Po Box 2199 Blythe, Calif 92226, Rights were violated by the actions of the below named individuals. The actions were directed against Plaintiff at Calipatria State Prison (institution/place where violation occurred) on (dates) June 26 2007 (Count 1), and June 27/07 (Count 2) (Count 3)

Count (1) Calipatria State Prison — Deliberate Indifference violation
Count (2) Ironwood State Prison — Due Process violation.

2. Defendants: (Attach same information on additional pages if you are naming more than 4 defendants.)

Defendant Doe; resides in unknown.,
(name) (County of residence)
and is employed as a Director/Commissioner of State of CA This defendant is sued in
(defendant's position/title (if any))
his/her ☐ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting
under color of law: Director/Commissioner of the State of California. He is Legally Responsible For overall operation of Department and each Institution under its Jurisdiction! Including calipatria State Prison And Ironwood State Prison.

Defendant L. E. Scribner. resides in unknown,
(name) (County of residence)
and is employed as a Warden of Calipatria State Prison This defendant is sued in
(defendant's position/title (if any))
his/her ☐ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting
under color of law: Because As warden of Calipatria State Prison He is Legally Responsible For the overall operation of Calipatria State Prison.

Defendant Dr Levin resides in unknown.,
(name) (County of residence)
and is employed as a Chief medical officer.. This defendant is sued in
(defendant's position/title (if any))
his/her ☐ individual ☐ official capacity. (Check one or both.) Explain how this defendant was acting
under color of law: Chief medical officer of Calipatria He is Legally Responsible For all overall medical operations At Calipatria State Prison also for all Inmates welfare under medical care At Calipatria State Prison.

Defendant S. Thomas. resides in unknown,
(name) (County of residence)
and is employed as a Nurse Practioner. This defendant is sued in
(defendant's position/title (if any))
his/her ☐ individual ☐ official capacity. (Check one or both.) Explain how this defendant was acting
under color of law: Nurse Practioner. is Legally Responsible For all medical Emergencys Assigned to Her care. as well as welfare For all Inmates under medical care At Calipatria State Prison.

(See other Defendants next Page)

Continued

2. Defendants: (Attach same information on additional pages if you are naming more than 4 defendants.)

Defendant R Sowtell (name) resides in unknown (County of residence), and is employed as a LVN at Calipatria State Prison (defendant's position/title (if any)). This defendant is sued in his/her ☐ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting under color of law: LVN R Sowtell is the LVN of Calipatria State Prison. She is legally Resposible for the welfare of all Inmates under medical care at Calipatria Prison.

Defendant Debra Dexter (name) resides in unknown (County of residence), and is employed as a Warden Ironwood State Prison (defendant's position/title (if any)). This defendant is sued in his/her ☐ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting under color of law: Warden of Ironwood State Prison She is legally Responsible for overall operation of Ironwood State Prison.

Defendant D. Holbrook (name) resides in unknown (County of residence); and is employed as a Inmate Appeal Coordinator (defendant's position/title (if any)). This defendant is sued in his/her ☐ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting under color of law: Inmate Appeal coordinator is legally Responsible for Answering 602, 695 Grievances and Inmate complaints at Ironwood State Prison.

Defendant L Bonnett (name) resides in unknown (County of residence), and is employed as a Inmate Appeal Coordinator (defendant's position/title (if any)). This defendant is sued in his/her ☐ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting under color of law: Inmate Appeal coordinator is legally Responsible for Answering 602, 695, Grievances And Inmate Complaints At Ironwood State Prison.

§ 1983 SD Form
(Rev. 4/06)

C. Causes of Action (You may attach additional pages alleging other causes of action and the facts supporting them if necessary.)

Count 1: The following civil right has been violated: Cruel And unusual Punishment of Deliberat Indifferance (E.g., right to medical care, access to courts, due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

Supporting Facts: [Include all facts you consider important to Count 1. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, *by name*, did to violate the right alleged in Count 1.] cruel and unusual Punishment of Inadequate medical care due to A medical Emergency this Plaintiff had on June 26, 2007 I had A my surgury on June 18th, 2007 and my surgury Ruptured and Hemorrahaged, for over 12 hours before Calipatria medical decided to send me to outside Hospital. Im now having serious medical complications behind this delay In Adequate medical care, when my Emergency was clear only A doctor could help this Emergency of A Ruptured Surgury. (see supporting Documents attached and marked Exhibits A, A1, A2, A3, B, C, D, E, F, G, H, I J, K, L.

Count 2: The following civil right has been violated: Due Process
(E.g., right to medical care, access to courts, due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

Supporting Facts: [Include all facts you consider important to Count 2. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, *by name*, did to violate the right alleged in Count 2.]

my Due Process Is being violated by Ironwood Appeals Coordinators. D. Holbrook, L. Bonnet. Because this Plaintiff has complied with every Request made from these Coordinaters In order to Exhaust all Remedies In Accordance to 42 U.S.CA 1997 e(a).

I have diligently Complied with all Request In timely manner aswell as Explaining my Request Regarding Grievance but have been constantly denied And screened out From appealing my 42 U.S.C.A. 1983 Complaint.

Please see Attached Exhibits And supporting documents titled 602 And 695 Form and Responses.

Due to the Appeal Coordinaters not allowing me to Get A Formal Response on my Grievance with A verified Log # is Hindering my Due Process Efforts to exhaust in Accordance To 42 USCA 1997 e(a).

Please note this Inmate plaintiff filed A 602 on 4-1-08 And To the date this Complaint has been filed No Answer or Response has been made And this Plaintiff Clearly explained 42 U.S.C 1983 Complaint. even with Response on 695 Form dated 4-22-08. Please see Attached documents. And ExHibits.

D. Previous Lawsuits and Administrative Relief

1. Have you filed other lawsuits in state or federal courts dealing with the same or similar facts involved in this case? ☐ Yes ☒ No.

If your answer is "Yes", describe each suit in the space below. [If more than one, attach additional pages providing the same information as below.]

(a) Parties to the previous lawsuit:
Plaintiffs: ______________________________

Defendants: ______________________________

(b) Name of the court and docket number: ______________________________

______________________________.

(c) Disposition: [For example, was the case dismissed, appealed, or still pending?] ______________

______________________________.

(d) Issues raised: ______________________________

____

____

____

______________________________.

(e) Approximate date case was filed: ______________________________.

(f) Approximate date of disposition: ______________________________.

2. Have you previously sought and exhausted all forms of informal or formal relief from the proper administrative officials regarding the acts alleged in Part C above? [E.g., CDC Inmate/Parolee Appeal Form 602, etc.] ? ☐ Yes ☐ No.

If your answer is "Yes", briefly describe how relief was sought and the results. If your answer is "No", briefly explain why administrative relief was not sought.

____

____

____

____

____

____

____

______________________________.

E. Request for Relief

Plaintiff requests that this Court grant the following relief:

1. An injunction preventing defendant(s): From ever allowing An Inmate To Suffer After Hemorrhaging From A serious Surgury. Also Im Requesting Compensatory And Punitive damages, For the medical Complications Im still suffering.
2. Damages in the sum of $ ________.
3. Punitive damages in the sum of $ ________.
4. Other: ________

F. Demand for Jury Trial

Plaintiff demands a trial by ☒ Jury ☐ Court. (Choose one.)

G. Consent to Magistrate Judge Jurisdiction

In order to insure the just, speedy and inexpensive determination of Section 1983 Prisoner cases filed in this district, the Court has adopted a case assignment involving direct assignment of these cases to magistrate judges to conduct all proceedings including jury or bench trial and the entry of final judgment on consent of all the parties under 28 U.S.C. § 636(c), thus waiving the right to proceed before a district judge. The parties are free to withhold consent without adverse substantive consequences.

The Court encourages parties to utilize this efficient and expeditious program for case resolution due to the trial judge quality of the magistrate judges and to maximize access to the court system in a district where the criminal case loads severely limits the availability of the district judges for trial of civil cases. Consent to a magistrate judge will likely result in an earlier trial date. If you request that a district judge be designated to decide dispositive motions and try your case, a magistrate judge will nevertheless hear and decide all non-dispositive motions and will hear and issue a recommendation to the district judge as to all dispositive motions.

You may consent to have a magistrate judge conduct any and all further proceedings in this case, including trial, and the entry of final judgment by indicating your consent below.

Choose only one of the following:

☒ Plaintiff consents to magistrate judge jurisdiction as set forth above.

OR

☐ Plaintiff requests that a district judge be designated to decide dispositive matters and trial in this case.

6-9-08
Date

[signature]
Signature of Plaintiff

ORIGINAL

United STATES District Court
Southern District of California.

Robert Lionel Sanford - Plaintiff	Civil No ______
vs	
Doe : Director of Corrections Dept	Complaint under The Civil Rights Act 42 U.S.C 1983
L.E Scribner Warden	Declaration and Explaination
DR Levin CMO chief medical officer	of all Documents
S. Thomas Nurse Practitioner	And Supporting Facts
R Sowtell LVN.	attached to this
D. Holbrook Inmate Appeal Coordinator	complaint. 42 U.SC 1983
L. Bonnett Inmate Appeal Coordinator	

To The magistrate Judge of United states District Court of Southern California.

This plaintiff Robert Lionel Sanford is Now submitting this Declaration and Explaination of Attached Supporting Documents.

This Plaintiff has made every effort to properly Exhaust this complaint according to 42 U.S.CA 1997e(a) and PLRA

My 602 Appeals have constantly been screened out by The Inmate Appeals coordinators. here At Ironwood State Prison. See Exhibit (A)(-A1,A2,A3) Regarding my complaint 42 U.SC 1983 against Calipatria State Prison For NOT

Sending me the Plaintiff in this declaration. To A Outside Hospital in A Reasonable Time. Due to this I was made to Indure unnecessary Pain And suffering For A medical Emergency. ON June 26 2007 And June 27, 2007 See Exhibit E, F, G These supporting Documents Explain the massive And Serious medical Emergency I Suffered Due to A Earlier Surgury Plantiff had ON June 18, 2007 For A chronic Sinus Problem.
See Exhibits B, C, D they are medical Reports that Lead up to June 26, 2007 massive Hemorrhage after the Surgury Ruptured. Exhibit A2
There was no Reason For Calipatria's medical Staff to Delay my transfer For over 12 hours when it was clear I needed A Doctors care.
This is A clear violation of In Adequate Health care that has Put this Plaintiffs Life In danger of Life. aswell as other Complications that Plaintiff believes is Due to this Deliberate Indifference, By LVN R. Sowtell Nurse Practitioner S. Thomas, also CMO Dr Levin and all other Defendants mentioned In the 42 USC 1983 Complaint.

This violated this plaintiffs United States Civil Rights under the 8th Amendment according to Deliberate In Difference For not providing Adequate Medical care In A timely manner to prevent unnecessary Pain And Suffering. For A Serious Medical Emergency.

Plaintiff Filed A 602 on this issue initially on 2-28-08, This Grievance was screened out, Plaintiff then Filed Another Grievance In compliance with Answering 695 Form. And It was Screened Out according to CCR 3084.6 (c). 602 Dated 3-16-08

plaintiff then Explained Every matter Again with A 602 appeal Explaing 42 USC 1983 Civil Right violation. After Returning CDC 695 Form Explaining Every Detail on 4-22-08 The Ironwood Appeal Coordinators have [NOT] Responded OR will [NOT] they even Answer my Appeal In A timely manner. And Due to this violation of my Constitutional Right of Due process under the 6th And 14th Amendment Its clear The Ironwood Appeal Coordinators Are violating their own Rules In Accordance to CCR 3084.6 (a)(b)(1) (e) 3 OR 3084.5 (a) 3.

This Plaintiff has excercised effort to Due Diligence to be in Accordance to 42 U.S.C.A. 1997 e(a) And If this is Required For this Court to Proceed with this Complaint, through properly exhausting my 602 Grievance Dated 4-1-08 SEE Exhibit A, A1, A2

Plaintiff Request this Court issue A Mandate order that Requires the Ironwood Appeal Coordinators properly Give my Appeal 602 Dated 4-1-08 A Log number And Informal or Formal Answer to why I was allowed to suffer For over 12 hours For A Hemorrhage Due to A surgery that Ruptured.

And A Answer that is In Accordance to Federal And State Rules.

In order to have Due Process of this Grievance Procedure to exhaust Administrative Remedies According to 42 U.S.C.A 1997 e(a)

[SEE Exhibit A]

The Attached CDC 695 Form is my Latest Response Answering all Questions And In Compliance with all Rules. But Appeal Coordinators will [NOT] Answer this Response In A timely manner Dated 4-22-08.

This Plaintiff is Now Submitting this Declaration and Explaination of Documents, Exhibits, And Responses.

Plaintiff Submitts this 42 U.S.C 1983 Complaint. For Injunctive Relief is Authorized by 28 U.S.C section 2283 & 2284 and Rule 65 of the Federal Rules of Civil Procedure.

Also because this Plaintiff is Subjected to STATE Law Regarding Due Process of Exhaustion. This Court has Jurisdiction over Plaintiffs STATE Law claims under 28 U.S.C Section 1367.

Furthermore thier is Belief Due To A Recent Diagnosis. This plaintiff has Blood Disorders, that may have been Caused From the Messive Hemorrhage on 6-26-07 & 6-27-07

Plaintiff believes if Calipatria Medical Staff had [NOT] Acted with Deliberate Indifference to this Plaintiffs medical Emergency, In A timely manner Plaintiff would not be suffering

The medical Complication's Im Still having even to this DAY. Due to this plaintiff is making this 42 U.SC 1983 claim Because there is No other Recourse For plaintiff to Remedy what plaintiff is currently suffering. Plaintiff will always have to Live with this irroparable harm of Medical Complications, such as Nausea, Constant Headaches, Irregular swelling of thraat, And the constant taste of Blood, Shortness of Breath Animic dis order aswell as other Blood issues Im steadily being tested For. (see exhibit L)

For this Plaintiff has to Live with this Fact, of Belief, that it MAY have been possible For me to Not have those medical Complications If Calipatria Medical staff would have sent this plaintiff to A doctor who was Qualified to handle this type of Medical Emergency within A Reasonable time To Repack the Surgury Rupture Instead The medical Staff allowed Plaintiff to Hemorrhage Coughing up Blood clots And Bleeding profusely From

Nose, mouth and Eyes. (see exhibit E
Esteller Gamble 429 U.S at 404
Weyant v ok st, 101 F 3d 845, 856-57
(2d cir 1996)
Natale v Camden County Correctional
Facility, 318 F. 3d 575 (3rd cir 2003)
Wallin v Norman; 317 F. 3-d 558
(6th cir 2003)

LVN R. Sowtell was the intensive care LVN handling this Hemorrhage on 6/26/07 And 6/27/07 And It was clear to LVN R Sowtell that Plaintiff was severly suffering And LVN Sawtell could not offer or help provide necessary treatment to STOP the Hemorrhage LVN DID have Authority For the Welfare And safety of Inmates In her care to call transportation to have Plaintiff Sent to Outside Hospital, But she Refused to make this Judgement For Un known Reasons. see Exhibit F R Sowtells Report on 6/26/07 And 6/27/07

Nurse Practitioner S. Thomas Gave Her version of the incident on 6/27/07 after She Arrived

At work, NP S. Thomas Immediatly had Plaintiff shipped out to PMH Pioneer Memorial Hospital, But she told Nurse Sowtell over the phone to hold me at prison. For unknown Reason.
see Exhibit H

All other Exhibits Attached to this Declaration and Explaination have A cover page Explaing Documents.
I certainly pray to the GOD In Heaven.
That this Court will see how this Plaintiffs civil rights under the United States Constitution have been violated according to the 8th Amendment & 6th And 14th. as to the Due Process violation of Ironwood State Prison Appeal Coordinator. For [NOT] Allowing Plaintiff to Exhaust properly through CDCR Grievance Process to be In Accordance to 42 USCA 1997e(a) see Exhibit A, A1, A2, A3 which have supporting Facts to show plaintiffs Due Diligence In Appealing this Claim. For 42 USC 1983.

Verification

I have read the Foregoing Complaint and herby verify that the matters alleged in Information and belief, and, as to those, I believe them to be true.

I certify under penalty of perjury that the Foregoing is true and correct. Executed at Ironwood State Prison on 6/9/08

Robert Sanford

Robert Lionel Sanford
Plaintiff.

EXHIBIT "A"

EXHIBIT "A"
Ironwood State Prison

ORIGINAL

ORIGINAL

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE 5/29/08

TO Appeal Coordinator

FROM (LAST NAME) Sanford

CDC NUMBER V-25176

HOUSING D-3

BED NUMBER 206 L

WORK ASSIGNMENT YARD Crew 3/watch

JOB NUMBER 152

FROM MON TO Fri

OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)

ASSIGNMENT HOURS FROM 1230 TO 8:00

Clearly state your reason for requesting this interview.
You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Im Submitting this GA-22 Form because Im Still waiting after 10 days ON A Response to my 695 Form I submitted along with exhibits ON 4-22-08. This Delay with my 695 Regarding 602 that needs Log # For Exhaustion Purposes 42-U.S.C.A 1997e(a) is violation of my Due Process

INTERVIEWED BY

Do NOT write below this line. If more space is required, write on back.

DISPOSITION

DATE

#1

(4-22-08 Response To CDC 695 Forms)

To: Appeals Coordinator
L. Bonnet: AGPA
D HolBrook: Appeals Coordinator.

(Please keep all attached copies In place also Exhibits. Thank you.)

1) This is Robert L Sanford V-25176 D-3 206L is now Responding To your CDC 695 Forms. Dated 4-7-08 3-19-08 also 3-20-08.

2) Im First explaining To your Request on 4-7-08 To which I DID Answer too. I explained In my New 602 Dated 3-16-08, you sent This 602 Back attached To CDC 695 Form dated 4-7-08 IT is Included In The exhibit A' Im adding A New exhibit titled exhibit (A1) And now In Both attached exhibits I (HI Lited) the explaination In yellow along with my signature And Date. The exhibit A has A April 11 stamp date Note: I DiD comply with your Request And explained my Reason For not being Able to File this Grievance Sooner.

3). You can also Look at new Exhibit (A1) And 602 filed 4-1-08 The same explaination also applies., See page 3 (12,13,14) This Answer Is In compliance with CDC 695 Form Request. Although I filed (3) 602s 2-28-08, 3-16-08 And 4-1-08

4.) In The 4-1-08 602 I made A Civil Rights claim under 42 USC 1983 For Deliberate In difference, Due To my Constitutional Rights being violated, my 8th Amendment Right Under The United States Constitution was violated. When I was not Given Adequate medical care on 6-26-07. For I was not taken to A Medical Facility, within A Reasonable time, After CAL Patrias medical staff Realized only A Qualified physician Could Treat my Serious medical emergency.

R.S. 5/29/08 (NOTE New Documents Supporting all claims) Exhibit C B-L

5). I was then made to endure Severe Pain And suffering For over 12 Hours, When the medical staff was well Aware of me Just Having A major surgery on 6-18-07

6.) Please see New Documents that support this claim Now marked Exhibit (A2)

#2

7) Please note that I also made numerous Request To Recieve Supporting Documents From medical File. But have not been Able to Review medical Records For they have not Aknowledged my Request. my Latest Request Is now marked As exhibit A3 which is now attached to this CDC 695 Form "Response"

See Request For Interview also, olson Review For And 602 that will be dismissed If I can Recieve The Rest of my Supporting Documents.

I filed this Request And 602 on 4-1-08 And I still have not herd Anything As to when I can Review File. this Constitutes A Due Process Violation of my 6th and 14th Amendments under the U.S Constitution

8) I also want to make the Appeals Coordinator aware of the Fact I never Recieved or Seen CDC Form 695 Dated March 20, 2008.

9) And when this Form Stated they were Forwarding my 602 Complaint to Calipatria, This was the First Time I was made aware of this action.

10) I now would Like to know what Day these documents were Forwarded to Calipatria?

11) In Answer To your Time Limit lapse Reply under CCR Rule 3084.6(c).

12). Due To This complaint being A Civil matter According to 42 U.S.C 1983 See 602 Dated 4-1-08 exhibit (A1) see Estelle v Gamble 429 U.S At 10 Farmer v Brennen 511, U.S. 825, 836, (1994)

13) For the Fact I had A Surgery For A Chronic Sinus Problem with Polyps, the Surgury was A Sytoplasty And Tonsilectomy. See supporting Documents Exhibit (A2) Also new Documents supporting Facts

14) The Surgury Ruptured And Started Hemorrahaging This was A very serious medical emergency which ~~the~~ medical Staff At Calipatra. Could not handle neither were they equipped to treat this type of emergency And Due to their Neglect

15.) To send me To A Outside Hospital, I was Forced to endure severe Pain And Suffering. For over 12 hours.

16) I'm still having complications Due to the California medical Not sending me To A Hospital within A Reasonable Time.

17) I'm Now having Irregular Weight Lost, Headaches nausea, dizziness, shortness of breath. Also Irregular Swelling of throat.

18.) And For Any medical Staff to Allow A person who just had Surgury That Ruptured And then Allowed them to Bleed For over 12 hours is Definatley A very Dangerous Business Practice.

19) 1. when it became clear that only A Doctor could Treat my emergency, And Provide the necessary treatment.

See Durmer V. "O'Carroll CA (3) (NJ) 1993 991 F 2d 64 . See Also TAYLOR V. Bowers CA 8(mo) 1992, 966 F. 2d 417, 113 S.ct 394, 121, LEd 2d 302

20) AND There is Also No Bar For me Filing This Complaint In A Timely manner according to 28 USC 2254 and also 42-USC 1983 within A One year period after discovering It was A civil Rights violation. of my Constitutional Rights. Hardin V. Straub mich 1989, 109 S ct 1998, 490 U.S 536, 104, LEd 2d 582, 878, F 2d 382

21) AND Two years Limitation under marks v PARRA CA 9 ARiz 1986, 785 F, 2d 1419

22) So I now Ask you please to Give my 602 Complaint A Log # And A Informal Response So I can Proceed with my Due Process of this System

Thank you.

Robert [illegible] H-22[illegible]

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

April 7, 2008

SANFORD, V25176
ISP

Log Number: CAL-O-
(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

There has been too great a TIME LAPSE between when the action or decision occurred and when you filed your appeal with no explanation of why you did not or could not file in a timely fashion. Time limits expired per CCR 3084.6(c). Therefore, if you would like to pursue this matter further, you must submit an explanation and supporting documentation explaining why you did not or could not file your appeal timely.

4| Appeals Coordinator
Calipatria State Prison

ISP
APR 11 2008
APPEALS OFFICE

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

RECEIVED CAL APPEALS MAR 2 7 2008

INMATE/PAROLEE APPEAL FORM
CDC 602 (12/87)

Location: Institution/Parole Region 1. ______ 2. ______ | Log No. 1. ______ 2. ______ | Category ______

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Robert Sanford	V-25176	3 watch Porter A-4	A-4 119L

A. Describe Problem: Im Filing This 602 For A Direct violation By Calipatria State Prison medical staff And Ironwood State Prison medical staff. For not Providing Adequate medical care For A Serious Emergency. This Diliberate indifference To A Serious medical Need of This Petitioner Constitutes the unnecessary And Wanton infliction of Pain Prescribed by the Eighth Amendment. Also According to CDCR Tittle 15 under 3354 (a) (d).

If you need more space, attach one additional sheet. See Attached pages

B. Action Requested: I want my 8th Amendment Constitutional Right pursued against The Calipatria And Ironwood Medical staff And A offical Investigation that allowed Any Medical Staff To Allow A person to Hemorrhage For over 12 hours.

Inmate/Parolee Signature: [signature] Date Submitted: 2-28-08

C. INFORMAL LEVEL (Date Received: ______)

Staff Response:

Staff Signature: ______ Date Returned to Inmate: ______

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Yes your reason is inaccurate
Because Im having Continuous health Problems that concern And are directly connected to my hemorrhage there is no Time lapse decision That can prevent me from Raising This Medical Problem because my life Been Jeopardy. (See Attached)

Signature: [signature] Date Submitted: 2-4-08

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

SCREENED OUT ISP APR 0 7 2008

APR 1 1 2008

ISP MAR 1 8 2008 APPEALS OFFICE

Received FEB 2008 Medical Appeal

Received MAR 2008 Medical Appeal

RECEIVED CAL APPEALS MAR 2 7 2008

(1) of 5 pages

RECEIVED CAL APPEALS MAR 27 2008

EXHIBIT COVER PAGE

A

EXHIBIT

Description of this exhibit: CDC 602 Form Dated 2-28-08 Tracking # IA-28-2008-00904. Responses From Appeals Cordinar Health Care; L. BONNET (2) pages.

Number of pages to this Exhibit: 8 pages.

JURISDICTION: (Check only one)

- ☐ Municipal Court
- ☐ Superior Court
- ☐ Appellate Court
- ☐ State Supreme Court
- ☐ United States District Court
- ☐ State Circuit Court
- ☐ United States Supreme Court
- ☐ Grand Jury
- ☒ CDC 602

SCREENED OUT APR 07 2008

ISP APR 11 2008 APPEALS OFFICE

ISP MAR 18 2008 APPEALS OFFICE

RECEIVED CAL APPEALS MAR 27 2008

Health Care Appeals Office - Ironwood State Prison
Inmate/Parolee Appeals Screening Form

Name: ROBERT SANFORD CDC : V25176 Housing: AFB400000000119

Log #: Tracking #: IA-28-2008-00904

Your appeal is being returned to you for the following reasons:

> There has been too great a TIME LAPSE between when the action or decision occurred and when you filed your appeal with no explanation of why you did not or could not file in a timely fashion. The time limit expired per revised CCR 3084.6 (c)(15 days).

Comment:

Mr. Sanford, screening documents are permanent appeal attachments. In the future, please do not remove any prior screening documents or attachments. As previously advised, your appeal unfortunately does not meet the time constraints set forth in Title 15. If you are experiencing problems with your medical treatment at this time you may file an appeal regarding only that issue. According to Page 5 of your supporting documentation, you state you have already filed grienvances regarding the current problems you are experiencing. Please do not resubmit this particular appeal or it will continue to be screened out.

NOTE: This screening action may not be appealed unless you allege that the above reason(s) is inaccurate. In such case, return this form and your appeal to the Health Care Appeals Office with the necessary information.

L. Bonnet, HCAC MAR 07 2008

L. BONNET, AGPA Date
HEALTH CARE APPEALS COORDINATOR
Ironwood State Prison

ISP
MAR 18 2008
APPEALS OFFICE

SCREENED OUT APR 07 2008

ISP
APR 11 2008
APPEALS OFFICE

Data Source: MATS Database, printed on 3/7/2008

RECEIVED CAL APPEALS MAR 2 7 2008

Health Care Appeals Office - Ironwood State Prison
Inmate/Parolee Appeals Screening Form

Name: ROBERT SANFORD CDC : V25176 Housing: AFB400000000119

Log #: Tracking #: IA-28-2008-00904

Your appeal is being returned to you for the following reasons:

There has been too great a TIME LAPSE between when the action or decision occurred and when you filed your appeal with no explanation of why you did not or could not file in a timely fashion. The time limit expired per revised CCR 3084.6 (c)(15 days).

Comment:
Mr. Sanford, You are appealing an issue that happened on 6/25/07. We require that you file within 15 days of incident. We also require that you only attach 1 continuation page, front and back, to describe your problem per Title 15, 3084.2 ,(1).

NOTE: This screening action may not be appealed unless you allege that the above reason(s) is inaccurate. In such case, return this form and your appeal to the Health Care Appeals Office with the necessary information.

Susan Danner 2-29-08

L. BONNET, AGPA Date
HEALTH CARE APPEALS COORDINATOR
Ironwood State Prison

SCREENED OUT APR 0 7 2008

ISP MAR 1 8 2008 APPEALS OFFICE

ISP APR 1 1 2008 APPEALS OFFICE

Data Source: MATS Database, printed on 2/29/2008

RECEIVED CAL APPEALS MAR 2 7 2008

(Continued From page)

Not only Did I make mention of my situation It is clearly noted In my medical File And I'm still recieving treatment For this problem Which constitutes It As A Follow up situation And with my sick call slips showing I'm having complications proves Due diligence. Furthermore because of the Seriousness of this inAdequate treatment I recieved From The medical STAFF I want this issue thouroughly investigated on the merits of my claim Not on some Administrative Rule CDCR 3084.6 (c) - when I'm still having medical complications

Thank you.

Robert Sanford

2-4-08

(cc)

ISP
APR 1 1 2008
APPEALS OFFICE

ISP
MAR 1 8 2008
APPEALS OFFICE

SCREENED OUT APR 0 7 2008

RECEIVED CAL APPEALS MAR 27 2008

The incident I'm making this 602 Appeal about, Happend on 6-25-07 at approximatly 6:00pm. After my Surgury on 6-18-07 For A Septeo plastic surgury (sinus) And A Tonsilectomy. On 6-25-07 while healing From Surgury At the time mentioned above. I Started hemorrhaging. For no known Reason. After trying to Stop the Blood For About 30 minutes. Me And my Cellie C Mark Pryor D-91298, Then complained And had the building officer (At Calipatria A yard 3 Building Cell 248) call the medical Staff. because the Blood was Starting to Gush from my mouth, Nose, and Eyes. After more than 45 minutes with still no medical help even after the officer finally made Another call because now the Building Porters And mac Rep For the building Started complaining of A possible man down situation. At this time I had started slipping In and out of conciousness For all of the Blood Loss. It was about 7:00 pm or sometime after ~~before~~ I was rushed to the Cali Pateras Emergency Room Per the Adamant request by the on duty sergent Lewis that day It happend.

SCREENED OUT APR 07 2008 ISP

ISP APR 11 2008

ISP MAR 18 2008 APPEALS OFFICE

APPEALS OFFICE

Rec'd FEB 2008 Medical

(2) of 3 pages

RECEIVED CAL APPEALS MAR 27 2008

The initial LVN that checked my vitals said they were Low And then deemed my situation serious. And Along with the other LVN assigned that evening Tried to keep me Awake because of my Constant fainting After arriving In the Calipatria medical Emergency LVN Garcia was Able to slow the Blood hemorrhaging down, I was then placed In the hospital ward For further observation. LVN Sosa was observing me And trying to stop the Hemmorrhaging that started Flowing again I was coughing up Blood clots And was Bleeding Profusedly through my nose. I Bleed This way all nite Long Even though LVN SOSA called the CMO on call Dr C. Thomas who denied LVN SOSA, The right to send me to the outside Hospital in order to stop the hemorrhaging Only after LVN Sosa was Relieved of her position the Following morning Did the Nurse on duty make A Judgement call and sent me back to the emergency Room. Where Several medical Staff then assisted

Robert Sepulveda 4-21-08

SCREENED OUT APR 07 2008 ISP MAR 18 2008 APPEALS OFFICE
ISP APR 11 2008 APPEALS OFFICE
Rec'd FEB 2008 Medical

(3 of 5 pages)

RECEIVED CAL APPEALS MAR 27 2008

on sending me to A Hospital outside To STop the Bleeding. After the Adament Request of the Appeals (M.E. Benaga. Bugarin AGPA) Medical Cordinator At CALipatria. Along with Dr. Blanche I was then sent to Brawly Pioneer memorial Hospital At this time I had been Bleeding over 12 straight hours from my Nose And mouth.. The Doctor on Duty then stopped the bleeding by Re packing my Nose And giving me I.V. fluids Along with Novacane To help STop the pain And bleeding. Because of the massive Blood Lost I had Lost more than 20 Lbs. And my health has been unstable ever since.

I stayed 2 weeks In Calipatrias Hospital And Then was Transferred To Iron wood on 7-11-07. With out Any Real Follow up by the medical STaff At CALipatria. And Im STILL experiencing problems with Constant discomfort, Nausea, Breathing Problems, coughing up Blood, Headaches. shortness of breath. all of these symptoms have been noted on sick call slips CDC 7362 And I also have beenecently

SCREENED OUT APR 0 7 2008
ISP
ISP MAR 18 2008
APR 11 2008 APPEALS OFFICE
Rec'd FEB 2008 Medic...

RECEIVED CAL APPEALS MAR 27 2008

Diagnosed with A Anemic disorder And Iron deficiency. I had none of these problems before I was inadquately treated. ON 6-25-07, 6-26-07 For the Hemorrhaging. Since my Arrival At Ironwood I have had Numerous problems with getting prescribed medications on time Due to custody staff also medical personal, there are noted grevience regarding that problem. Im Now filing this 602 Regarding the Deliberate indifference I received to A serious medical need. ON the Above mentioned Dates Due to hemorrhage. Because there was no reason to Allow me To Bleed From Two orphices of my Body for more than 12 hours and Do to this Im still having physical And psychological issues.

Robert [signature]

SCREENED OUT APR 07 2008

ISP MAR 18 2008 APPEALS OFFICE

ISP APR 11 2008 APPEALS OFFICE

Rece[ived] FEB 2008 Medical

(5) of 5 pages

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RECEIVED CAL APPEALS MAR 27 2008

RE: Screening at the FIRST Level

March 20, 2008

SANFORD, V25176
AFB400000000119L

Log Number: ISP-A-
(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

There has been too great a TIME LAPSE between when the action or decision occurred and when you filed your appeal with no explanation of why you did not or could not file in a timely fashion. Time limits expired per CCR 3084.6(c). Therefore, if you would like to pursue this matter further, you must submit an explanation and supporting documentation explaining why you did not or could not file your appeal timely.

Mr. Sanford, your appeal is being screened out due to time constraint. ISP realizes and acknowledges your attach documents explaining why you did not meet the time constraint. But the incident happened on 06/26-6/27/07 and your appeal was dtd. 2/28/08. That is almost 8 mths later. Also your complaint isn't about ISP medical staff but Calipatria staff, and for this reason we will forward to Caplipatria State Prison to try and resolve this issue.

appeal dtd. 2/28/08

category # 7

SCREENED OUT APR 07 2008

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

ISP APR 11 2008 APPEALS OFFICE

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

INMATE/PAROLEE APPEAL FORM
CDC 602 (12/87)

Location: Institution/Parole Region 1. ______ 2. ______

Log No. 1. ______ 2. ______

Category 17

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Robert Sanford	V-25176	3rd Watch Porter Bldg A-4	A-4 119L

A. Describe Problem: Petitioner is Filing this 602 Against the Director And Chief medical officer that are Authorities over the California Department of Corrections And Rehabilita For they are Guilty of Criminal Liability For concealing Dangerous Business Practices according to Penal Code 387. And because they are Knowingly having knowledge of these Practices They are also Guilty of California Penal Code 7(5) "Knowingly."

If you need more space, attach one additional sheet. (continued on Attached page)

B. Action Requested: I want All Complaints Listed on This Appeal Investigated And Pursued to The Full extent of the LAW!

Inmate/Parolee Signature: [signature] Date Submitted: 3-16-08

C. INFORMAL LEVEL (Date Received: ______)

Staff Response: ______

Staff Signature: ______ Date Returned to Inmate: ______

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: ______ Date Submitted: ______

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

SCREEN OUT
ISP #oth
MAR 18 2008
APPEALS OFFICE

CDC Appeal Number:

1 of 3

RECEIVED CAL APPEALS MAR 27 2008

I am now submitting this Claim Due to A Ruling of my 602 Dated 2-28-08. Tracking # IA-28-2008-00904. That was Denied Due to Directors Rule Time Lapse. CCR 3084.6 (c) 15 days. (Please see exHibit "A" 602)

For the seriousness of the matter described In 602 appeal now exhit "A" and the Arbitrary Rule NOT To address the Complaint on Merits.
Clearly makes this New Complaint A Criminal Liability For Concealing Dangerous Practices. California Penal Code 387 (a) (1)(2)

And Because It is A Fact this Petitioner Bleed From A Hemorrhage For over 12 hours, The Bleeding Started on 6-25-07 And Did NOT stop until Finally Rushed To outside Hospital on 6-26-07. It was caused From A Previous Surgury on 6-18-07 - Because Petitioner was In severe Pain and suffering This also Contributed to Petitioner Not Able to file within A 15 day period. also Transferred along with the High dosage of Pain medication Contributed to my inability to appeal this serious matter and the necessary Research Needed to Bring A affective Complaint against the Director And Chief Medical Officer.

And Due To The Fact of the Circumstance Just described "DID" have the imminent Risk of Great Bodily harm or Death. Penal Code 387 (1) (A) (B)(5)(6)
(Please see attached Exihibit (A)) Explaining every Detail.

ALSO For the Fact This New Appeal has A Determining Applicable Limitation of time. This Petitioner Now meets, has A one year (1) Limitation after Commission of offense. Pursuant To Penal Code 805 (a)(b) also Penal Code 802(a) NOT 15 Day according To CDC Rule 3084.6 (c) (15 days.) see Also ADPA (2254) (1996) 28 U.S 2254)
(over)

ISP
MAR 18 2008
APPEALS OFFICE
ISP
APR 11 2008
APPEALS OFFICE
SCREENED OUT
APR 07 2008

EXHIBIT COVER PAGE

A 1

EXHIBIT

Description of this exhibit: This is A Copy of all 602s Regarding complaint to Hemorrchage on 6-27-08 The 602 Are dated 4-1-08, 3-16-08 and Copy of 602 Filed 2-28-08 along with (2-29-08, 3-7-08) Screen out orders and 695 Forms: Dated 3-19, 08.

(NOTE) According To Request regarding explanation To why not Filed per 3084 see Highlighted yellow on 602 dated 4-1-08 (12, 13, 14) also #2 yellow Hi Lite.

Number of pages to this Exhibit: 12 pages.

JURISDICTION: (Check only one)

- ☐ Municipal Court
- ☐ Superior Court
- ☐ Appellate Court
- ☐ State Supreme Court
- ☐ United States District Court
- ☐ State Circuit Court
- ☐ United States Supreme Court
- ☐ Grand Jury
- ☑ 602

INMATE/PAROLEE APPEAL FORM
CDC 602 (12/87)

Location: Institution/Parole Region 1. ______ 2. ______
Log No. 1. ______ 2. ______
Category ______

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Robert Sanford	V-25176	3rd watch Xrd crew	D-3-206

A. Describe Problem: In Response To D. Holbrook Appeals coordinators Request Telling me To explain exactly what my Last 602 Failed To explain Exactly what CDCR' is Guilty of Regarding my Appeal. Dated 3-19-08.
1) The Claim This Appellant is making is Deliberate IN Difference under 42 1983 U.S.C.A. For.
2) In Adequate medical treatment after medical staff could NOT stop bleeding From Hemmorhage on 6-25-07. The staff should
If you need more space, attach one additional sheet. (see Attached page)

B. Action Requested: I want A Formal Response to this Appeal As well as A Log Number on this Appeal. And Exhibits Attached.

Inmate/Parolee Signature: [signature] Date Submitted: 4-1-08

C. INFORMAL LEVEL (Date Received: ______)

Staff Response: ______

Staff Signature: ______ Date Returned to Inmate: ______

D. FORMAL LEVEL
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: ______ Date Submitted: ______

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

should have made A Judgement Decision to send me to A Physician wi... They realized they could NOT provide the NECESSARY Treatment th... could have STOPPED. The bleeding and the Pain And suffering I ha... To endure. For the INAdequate medical care. ON the date mentio...

3). And NOW Im making This Branch Aware that Im claiming that my civil Rights were violated under the 8th Amendent For Deliberate Indifferenc of Inadequate Health care - which constitutes Negligence. -

4) For NOT Sending me to A Outside Hospital IN A Timely MANNER. afte "Knowing" There was nothing they could Do without A Qualified Physicians help. Because I was NOT sent to A Doctor IN A Timely MANNER I suffered severe pain From the CONSTANT Flow of Blood.

5) And Because I have Tried to make this claim with explination, b: using the CDCR Grievance Forms I have been Denied And treated In Differently. And I have NO other Recourse But to Respond with This Formal comlaint. Now claiming A CIVIL Rights violation, According To 42-U.S.C.A 1983

6) The problem I claiming was Due to A Hemorrhage that started ON June 25, 2007. The reason the hemmorhage started was Due to A Recent Surgury ON 6-18-07 AT ALvarado hospital By Dr. Weeks.

7). After being Allowed to Bleed Profusely for over 12 straight hours Alon with severe Pain And Suffering. The medical staff At Calipatria STA Prison, Acted with Deliberate In difference by Not Providing Adequate Medical care For A emergency situation. Which is A clear violation of my Civil Rights. according to 42-U.S.CA. 1983.

8). Because of the Inadequate health care. Im Now suffering From Painful side effects of Irregular swelling In my throat also coughing up Blood, Nausea, Along with constant Headaches, Ive also Recently been diagnosed with A Anemic disorder, And have the Frequent taste of Blood Inside my mouth. that causes me extreme discomfort. NOT only Physically But Psycologically. Because Im Afraid the medical might allow me to bleed to death If, I start bleeding like I did before.

9). I have had Real Health concerns since that emergency situation ON 6-25-07 – 6-26-07. My health certainly diminished, I suffer with shortness of Breath, chess pains, also irregular weight Loss. AND all of this is Due to the Inadequate Health care treatment I Recieved ON 6-25-07 – 6-26-07.

10). when ever I explain these issues. To the physicians here at Ironwood or LVN's, And I have consistently tried to make the CDC medical st... aware of all my medical Concerns, And when Im treated For what ever medical complaint At that Time. Im only Given some Asprin or pain Pills. And when I mention the cause of some of these problems may have been From the MASSIVE Blood Lost I suffered ON 6-25-07 – 6-26-07. The Ironwood medical sta... Ignore my mention As if that is A Insignificant matter.

11) I have also had Follow ups by the Dr weeks who Performed the Sursury on 6-18-07 I was seen By Dr weeks on 9-1-07 And AGAIN ON 1-8-08 And was Perscribed (TRIPle mix on 9-1-08 I was Prescribed Prevaced on 1-8-08 For the Blood taste And Head, which Dr weeks said mAY be caused by Acid Reflex.

12) I would have complained of this problem sooner if I had known This was A civil Rights violation, or Even the Possible knowledge of It being this serious, Because In my Previous 602 I stated The Fact I was In severe Pain And was given 41 doses of Medical Including Navacane, Vicadin and triple mix aswell as medications I cannot Pronounce. And Due to the medications and the Pain and suffering, I was unable to raise A claim of this magnitude. since Im unknowledgable of the law or Laws In Question.

13) And upon Being Released From CAlipatria's Hospital ward I was sent directly to Ironwood State Prison, And was Told all my medical concerns will be now handled by Ironwood medical staff.

14) So upon me Requesting To Know why Did CAlipatria's medical staff allow me to suffer For more than 12 hours without sending me To A Outside Hospital.. The Iron wood Staff on 2 different Appeals ha screened out my Request Also Allegations of Criminal Liability For Dangerous Business Practices. under CALIF P.C 387 OR P.C 7.(5) "Knowledge" Please see attached exhibit A And B Regarding 602 and issues I Tried to have herd on the merits. with no Result. Because of the Ironwood staff screening out appeals.

15) As Described earlier In Appeal I explained I had surgury for A sinus problem on 6-18-07 also A Tonsilectomy on the same date. On 6-25-07 I started Hemorrahoging From surgury that Ruptured. After Trying to stop Bleeding me and my celie Aryor D-91298 over 30 min. We then Notified Bldg Staff AT CAlipatria. And Because of Delay of medical Response It took over 45 minutes Before medical staff Responded. (see exhibit A & B' for more detailed explainition) AFTER Finally Being Rushed To the Emergenc Room AT CAlipatria. Per SgT. Lewis Request And C/o Figueroa. LVN Garcia was Able to slow the Blood For A Brief moment, But sent me To hospital ward For close observation after the Blood continued To Flow with Blood clots LVN Sosa called the on call Doctor C. Thomas But said she was Told to hold me until the morning even though I was In Pain And Bleeding From mouth And Nose. IT was clear I needed A Doctors help. And LVN Sosa. Knew This. AFTER her Relief arrived the next morning she immediatly rushed me back to medical emergen And Then other medical Staff Insisted I Be shipped out to out side Hospital (Staff that complained was M.E. Benaga- Bujarin, Dr Blanche and all the LVN's on duty of the morning In Question 6-26-07. I was Then Rushed To Brawly Memorial Where the Doctor there was Able to Repack The Ruptured surgury. (see New supporting Documents And Reports.

16) this is proof that CDCR Is In Violation for Penal Code 387 (1) (A) (

17) And Because Ive also been denied Access to medical files. Its A violati of my Due Process Rights under the 6th And 14th Amendment. Exhibit (A B)

18) And upon This Being A Clear violation of my Civil Right according to 42 U.S.C 19 also A 8th Amendment violation For Diliberate Indifference. For NOT having medical care In A Timely manner. This A TORT Complaint. For Inadequate Health care. And Criminal Liability For Corporation Dangerous Practic

EXHIBIT COVER PAGE

A2

EXHIBT

Description of this Exhibit: CDC 7252 Form Dated 6-27-07; CDC 7252 Form Datedd 11-17-06; CDC 7252 Form Dated 6 12-07

Case No. Calipatria State Prison

ISP: CDC 7252 8-1-07; CDC 7252 1-8-08

Number of pages to this Exhibit __________ pages.

JURISDICTION:

DEPARTMENT OF CORRECTIONS — STATE OF CALIFORNIA

REQUEST FOR AUTHORIZATION OF TEMPORARY REMOVAL FOR MEDICAL TREATMENT

ORIGINAL

NAME: Sanford, Robert — NUMBER: V25176 — INSTITUTION: CAL SP

NAME OF HOSPITAL, CLINIC, OFFICE, OR OTHER PLACE RECOMMENDED: PMH

REASON FOR REQUEST (STATEMENT OF CHIEF MEDICAL OFFICER)

DESCRIPTION OF CONDITION SUGGESTING REMOVAL: Nasal Hemorrhage 2° recent septoplasty + tonsillectomy

DESCRIPTION OF EXAMINATION OR THERAPY RECOMMENDED: treatment, cautery, packing

NATURE AND IMMEDIACY OF SERVICE: MANDATORY, EMERGENCY, OR ELECTIVE

(a) WHY CAN THE PROCEDURE NOT BE DONE INTRAMURALLY?

(b) IF ELECTIVE, ARE FUNDS EARMARKED FOR THIS PURPOSE AVAILABLE?

ESTIMATED TIME AWAY FROM INSTITUTION (NOT MORE THAN 3 DAYS): one day

ESTIMATED COST: ~~no~~ contracted

REMARKS: Procedure may require partial removal of restraints

SIGNATURE OF CHIEF MEDICAL OFFICER: [signature] RN 4/ Dr Levin CMO — DATE: 6/27/07

CUSTODIAL STATUS (STATEMENT OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION)

OFFENSE	COMMITTED FROM	DATE RECEIVED
ROBBERY 2ND	LOS ANGELES	7-26-04

TERM	RELEASE DATE	CUSTODIAL CLASSIFICATION (CHECK ONE)
30 yrs	11-30-2028	[X] MAXIMUM [ ] MEDIUM [ ] MINIMUM

CONDUCT DURING INCARCERATION: Mult minor Dispos

ESCAPE RISK: HIGH DUE TO TERM

REMARKS:
CII A07171568 — RCVD CDC 4-27-04
FBI 523801X11 — RCVD CAL 7-26-04
SSN 552-15-03122

SIGNATURE OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION: M Hill LT WATCH CDR 2/W — DATE: 6/27/07

UNDER THE PROVISIONS OF SECTION 2690 OF THE PENAL CODE, AUTHORIZATION IS GIVEN FOR THE TEMPORARY REMOVAL OF THE ABOVE-NAMED FROM THE INSTITUTION IN WHICH HE IS NOW CONFINED IN ORDER THAT HE MAY RECEIVE MEDICAL TREATMENT IN ACCORDANCE WITH THE ABOVE RECOMMENDATIONS.

SPECIAL CONDITIONS: 2 C/O / 1 F/M

SIGNATURE OF WARDEN/SUPERINTENDENT: M Hill LT WATCH CDR 2/W — DATE: 6/27/07

CDC 7252 (Rev. 9/77)

DEPARTMENT OF CORRECTIONS

STATE OF CALIFORNIA

REQUEST FOR AUTHORIZATION OF TEMPORARY REMOVAL FOR MEDICAL TREATMENT

NAME: SANFORD, ROBERT
NUMBER: V25176
INSTITUTION: CALIPATRIA STATE PRISON

NAME OF HOSPITAL, CLINIC, OFFICE, OR OTHER PLACE RECOMMENDED: B. WEEKS, M.D.
CLINIC: ENT
11/15/2006 8:30

REASON FOR REQUEST (STATEMENT OF CHIEF MEDICAL OFFICER)

DESCRIPTION OF CONDITION SUGGESTING REMOVAL
CHRONIC SINUS H/A, ENLARGED TURBINATES, TONSILS

TB CODE:
UN AUTH REMARKS

DESCRIPTION OF EXAMINATION OR THERAPY RECOMMENDED
CONSULT, F/UP ENT

DOB: 11/29/1963
RACE: BLA

NATURE AND IMMEDIACY OF SERVICE: MANDATORY, EMERGENCY, OR ELECTIVE
(a) WHY CAN THE PROCEDURE NOT BE DONE INTRAMURALLY?
N/A
(b) IF ELECTIVE, ARE FUNDS EARMARKED FOR THIS PURPOSE AVAILABLE?
N/A

ENTERED
NOV 17 2006
OBIS/CAL

ESTIMATED TIME AWAY FROM INSTITUTION (NOT MORE THAN 3 DAYS
8 HOURS

ESTIMATED COST
Contracted

REMARKS
PROCEDURE MAY REQUIRE PARTIAL REMOVAL OF RESTRAINTS UMN AUTH#06/07-22-OP-168

SIGNATURE OF CHIEF MEDICAL OFFICER
Martin Levin, M.D., CMO/HCM [signature]
DATE: 11/6/2006

CUSTODIAL STATUS (STATEMENT OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION)

OFFENSE: Robbery 2nd
COMMITTED FROM: Los Angeles
DATE RECEIVED: CDC 4/27/04 Cal 7/26/04

TERM: 30 yrs
RELEASE DATE: 11-30-2028
CUSTODIAL CLASSIFICATION: Close A c/s 59

CONDUCT DURING INCARCERATIO: NO 115's
ESCAPE RISK: High

REMARKS
812 - NONE NOTED
Gang - NONE NOTED
Escapes - NONE NOTED
Holds - WARRANT STATE IOWA
NOTIFICATION - 3058.6

1 - I/M
2 STAFF

FBI - 523801X11
CII - A07171968

SIGNATURE OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION
G Stull Lt
DATE: 11-13-06

UNDER THE PROVISIONS OF SECTION 2690 OF THE PENAL CODE, AUTHORIZATIONIS GIVEN FOR THE TEMPORARY REMOVAL OF THE ABOVE-NAMED FROM THE INSTITUTION IN WHICH HE IS NOT CONFINED IN ORDER THAT HE MAY RECEIVE MEDICAL TREATMENT IN ACCORDANCE WITH THE ABOVE NAMED RECOMMENDATIONS.

SPECIAL CONDITIONS:

SIGNATURE OF WARDEN/SUPERINTENDENT
[signature] CAW (A)
DATE: 11/13/06

CDC 7252 (Rev. 9/77)

DEPARTMENT OF CORRECTIONS STATE OF CALIFORNIA

REQUEST FOR AUTHORIZATION OF TEMPORARY REMOVAL FOR MEDICAL TREATMENT

NAME: SANFORD, ROBERT
NUMBER: V25176
INSTITUTION: CALIPATRIA STATE PRISON

NAME OF HOSPITAL, CLINIC, OFFICE, OR OTHER PLACE RECOMMENDED: B. WEEKS, M.D.
CLINIC: ENT 6/12/2007 8:30

REASON FOR REQUEST (STATEMENT OF CHIEF MEDICAL OFFICER)

DESCRIPTION OF CONDITION SUGGESTING REMOVAL

NASAL POLYS ENLARGE

TB CODE:

UN AUTH

DESCRIPTION OF EXAMINATION OR THERAPY RECOMMENDED.

PRE-OP VISIT

DOB: 11/29/1963

RACE:

NATURE AND IMMEDIACY OF SERVICE: MANDATORY, EMERGENCY, OR ELECTIVE

(a) WHY CAN THE PROCEDURE NOT BE DONE INTRAMURALLY?

N/A

(b) IF ELECTIVE, ARE FUNDS EARMARKED FOR THIS PURPOSE AVAILABLE?

N/A

ESTIMATED TIME AWAY FROM INSTITUTION (NOT MORE THAN 3 DAYS

1 DAY

ESTIMATED COST: contracted

REMARKS

PROCEDURE MAY REQUIRE PARTIAL REMOVAL OF RESTRAINTS 06/07-22-OP-168

SIGNATURE OF CHIEF MEDICAL OFFICER: Martin Levin, M.D., CMO/HCM [signature]
DATE: 6/7/2007

CUSTODIAL STATUS (STATEMENT OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION)

DEPAR 'MENT OF CORRECTIONS RCRMC#

STATE OF CALIFORNIA

REQUEST FOR AUTHORIZATION OF TEMPORARY REMOVAL FOR MEDICAL TREATMENT

DOB: 11/29/1963

APPT: 08/01/2007 8:30 Hrs.

NAME: SAN FORD, ROBERT

NUMBER: V25176

INSTITUTION: ISP

NAME OF HOSPITAL, CLINIC, OFFICE, OR OTHER PLACE RECOMMENDE

AL' ARADO HOSPITAL 6655 ALVARADO RD. SAN DIEGO, CA. 92120 ENT CLINIC

REASON FOR REQUEST (STATEMENT OF CHIEF MEDICAL OFFICER)

DESCRI TION OF CONDITION SUGGESTING REMOVAL

REMOVAL NASAL POLYP AND TONSILLECTOMY

DESCRIP ION OF EXAMINATION OR THERAPY RECOMMENDED

POST-OP

Referred by: LIND

NATURE AND IMMEDIACY OF SERVICE: MANDATORY, EMERGENCY, OR ELECTIVE

(a) WHY CAN THE PROCEDURE NOT BE DONE INTRAMURALLY?

SERVICES NOT AVAILABLE

(b) IF ELECTIVE, ARE FUNDS EARMARKED FOR THIS PURPOSE AVAILABLE?

ESTIMATED TIME AWAY FROM INSTITUTION (NOT MORE THAN 3 DAY

ONE DAY

ESTIMA ED COS

REMARKS:

TRANSPORTATION: Custody Trans / State Veh.

SIGNATURE OF CHIEF MEDICAL OFFICE

John Stiles, M.D., Chief Medical Officer COVELLO LVN

DATE 7/16/07 11:52:32 AM

CUSTODIAL STATUS (STATEMENT OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION)

OFFENSE

COMMITTED FROM

DATE RECEIVED

TERM

RELEASE DATE

CUSTODIAL CLASSIFICATION (CHECK ONE)

[ ]MAXIMUM [ ] MEDIUM [ ] MINIMUM

CONDUCT DURING INCARCERATION

ESCAPE RISK

REMARKS:

Arson:

Sex:

Hold:

Confidential:

812:

CS:

TB:

SIGNATURE OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION

DATE

UNDER THE PROVISIONS OF SECTION 2690 OF THE PENAL CODE, AUTHORIZATIONIS GIVEN FOR THE TEMPORARY REMOVAL OF THE ABOVE-NAMED FROM THE INSTITUTION IN WHICH HE IS NOT CONFINED IN ORDER THAT HE MAY RECEIVE MEDICAL TREATMENT IN ACCORDANCE WITH THE ABOVE NAMED RECOMMENDATIONS.

SPECIAL CONDITIONS:

SIGNATURE OF WARDEN/SUPERINTENDENT

DATE

CDC 725 (Rev. 9/77)

DEPARTMENT OF CORRECTIONS RCRMC# STATE OF CALIFORNIA

DOB: 11/29/1963

REQUEST FOR AUTHORIZATION OF TEMPORARY REMOVAL FOR MEDICAL TREATMENT

APPT: 01/08/2008 8:30 Hrs.

NAME: SANFORD, ROBERT
NUMBER: V25176
INSTITUTION: ISP

NAME OF HOSPITAL, CLINIC, OFFICE, OR OTHER PLACE RECOMMENDE
ALVARADO HOSPITAL 6655 ALVARADO RD. SAN DIEGO, CA. 92120 ENT CLINIC

REASON FOR REQUEST (STATEMENT OF CHIEF MEDICAL OFFICER)

DESCRIPTION OF CONDITION SUGGESTING REMOVAL
NASAL POLYPS

DESCRIPTION OF EXAMINATION OR THERAPY RECOMMENDED
FOLLOW-UP

Referred by: LIND

NATURE AND IMMEDIACY OF SERVICE: MANDATORY, EMERGENCY, OR ELECTIVE
(a) WHY CAN THE PROCEDURE NOT BE DONE INTRAMURALLY?
SERVICES NOT AVAILABLE

(b) IF ELECTIVE, ARE FUNDS EARMARKED FOR THIS PURPOSE AVAILABLE?

ESTIMATED TIME AWAY FROM INSTITUTION (NOT MORE THAN 3 DAY
ONE DAY

ESTIMATED COST

REMARKS:

TRANSPORTATION: Custody Trans / State Veh.

**********PT SCHEDULED FOR DR. WEEKS (619) 229-4902*************

SIGNATURE OF CHIEF MEDICAL OFFICE
John J. Stiles, M.D., Chief Medical Officer [signature] COVELLO LVN
DATE 11/19/07 6:37:25 AM

CUSTODIAL STATUS (STATEMENT OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION)

OFFENSE: ROBBERY 2ND
COMMITTED FROM: LA
DATE RECEIVED: CDC 4/27/04 ISP 7/11/07

TERM: 30/00
RELEASE DATE: EPRD 11/30/28
CUSTODIAL CLASSIFICATION (CHECK ONE) [ ]MAXIMUM [ ] MEDIUM [ ] MINIMUM — CLO B

CONDUCT DURING INCARCERATION: NOTED
ESCAPE RISK: HIGH

REMARKS:
H 5'9"
W 230
E BRO
H BLK
CII A07171968
FBI 523901X12

Arson: 0
Sex: 0
Hold: CLEAR
Confidential: CLEAR
812: CLEAR
CS: 47
TB: 22

SIGNATURE OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION [signature] (R. ANTI) AW (A)
DATE 1/7/08

UNDER THE PROVISIONS OF SECTION 2690 OF THE PENAL CODE, AUTHORIZATIONIS GIVEN FOR THE TEMPORARY REMOVAL OF THE ABOVE-NAMED FROM THE INSTITUTION IN WHICH HE IS NOT CONFINED IN ORDER THAT HE MAY RECEIVE MEDICAL TREATMENT IN ACCORDANCE WITH THE ABOVE NAMED RECOMMENDATIONS.

SPECIAL CONDITIONS:

ARMED ESCORT
FULL RESTRAINTS
CONSTANT OBSERVATION

SIGNATURE OF WARDEN/SUPERINTENDENT [signature] Ed Areyne
DATE 1/7/08

CDC 7252 (Rev. 9/77)

DEPARTMENT OF CORRECTIONS RCRMC# STATE OF CALIFORNIA

REQUEST FOR AUTHORIZATION OF TEMPORARY REMOVAL FOR MEDICAL TREATMENT

DOB: 11/29/1963

APPT: 01/08/2008 8:30 Hrs.

NAME: SANFORD, ROBERT NUMBER: V25176 INSTITUTION: ISP

NAME OF HOSPITAL, CLINIC, OFFICE, OR OTHER PLACE RECOMMENDE

ALVARADO HOSPITAL 6655 ALVARADO RD. SAN DIEGO, CA. 92120 ENT CLINIC

REASON FOR REQUEST (STATEMENT OF CHIEF MEDICAL OFFICER)

DESCRIPTION OF CONDITION SUGGESTING REMOVAL

NASAL POLYPS

DESCRIPTION OF EXAMINATION OR THERAPY RECOMMENDED Referred by: LIND

FOLLOW-UP

NATURE AND IMMEDIACY OF SERVICE: MANDATORY, EMERGENCY, OR ELECTIVE

(a) WHY CAN THE PROCEDURE NOT BE DONE INTRAMURALLY?

SERVICES NOT AVAILABLE

(b) IF ELECTIVE, ARE FUNDS EARMARKED FOR THIS PURPOSE AVAILABLE?

ESTIMATED TIME AWAY FROM INSTITUTION (NOT MORE THAN 3 DAY

ONE DAY

ESTIMATED COS

REMARKS. TRANSPORTATION: Custody Trans / State Veh.

*************PT SCHEDULED FOR DR. WEEKS (619) 229-4902*************

SIGNATURE OF CHIEF MEDICAL OFFICE DATE

John L. Stiles, M.D., Chief Medical Officer COVELLO LVN 11/19/07 6:37:25 AM

CUSTODIAL STATUS (STATEMENT OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION)

OFFENSE COMMITTED FROM DATE RECEIVED

TERM RELEASE DATE CUSTODIAL CLASSIFICATION (CHECK ONE)

[ ]MAXIMUM [ ] MEDIUM [ ] MINIMUM

CONDUCT DURING INCARCERATION ESCAPE RISK

REMARK Arson: Confidential:

Sex: 812:

Hold: CS:

TB:

SIGNATURE OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION DATE

UNDER THE PROVISIONS OF SECTION 2690 OF THE PENAL CODE, AUTHORIZATIONIS GIVEN FOR THE TEMPORARY REMOVAL OF THE ABOVE-NAMED FROM THE INSTITUTION IN WHICH HE IS NOT CONFINED IN ORDER THAT HE MAY RECEIVE MEDICAL TREATMENT IN ACCORDANCE WITH THE ABOVE NAMED RECOMMENDATIONS.

SPECIAL CONDITIONS:

SIGNATURE OF WARDEN/SUPERINTENDENT DATE

CDC 7252 (Rev. 9/77)

EXHIBIT COVER PAGE

A3,

EXHIBT

Description of this Exhibit: REQUEST FOR INTERVIEW FORM Dated 4-1-08
REQUEST FOR FILE EXAMINATION OLSONS REVIEW Dated 4-1-08
602 -

Case No.

Number of pages to this Exhibit 3 pages.

JURISDICTION:

STATE OF CALIFORNIA
CA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTION

DATE	TO	FROM (LAST NAME)	CDC NUMBER
4-1-08	File examination Coordinator	Sanford	V-25176

HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER 152
D-3 - [redacted]	206 L	3rd watch SgT Crew	FROM Mon TO Fri

OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)

ASSIGNMENT HOURS FROM 2 pm-4pm TO 6pm-9.[illegible]

Clearly state your reason for requesting this interview.
You will be called in for interview in the near future if the matter cannot be handled by correspondence.

1) I have Requested To Review medical File through this Interview Process several Times now. With "No" Response From Medical Department.
2) I would Like To Review medical File And Recieve copyes of Record

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

DATE

DISPOSITION

Will Dismiss 602 Pending my Request Is Granted. 4-22-08

REQUEST FOR FILE EXAMINATION
Olson's Review

TO: FILE EXAMINATION COORDINATOR.

FROM: SANfoRD, RobeRT V-25176 D-3 2062
NAME CDC NUMBER

(1) I wish to review my Central File for the following reason.

I wish To Review my Central 'Medical' File' And Acce- FOR copies of All Reports And Diagnosis of Alleged Acco of Surgury And Surgury Related Incidents ON And Regarding these Dates June 07 – July 11th. 07. As well, as all other Diagnosis since 7-07 until 4-0

(2) Parole date recisson hearing. Approximate date of hearing: ________, 19____

(3) Regular Board of Prison Terms hearing for the month of ________

(4) Other event or action that requires examination of the file. Please specify:

Surgury Related Incident.

[signature]

NAME Robert Sanford V-25176

HOUSING: D-3 - 206 L

INMATE/PAROLEE APPEAL FORM
CDC 602 (12/87)

Location: Institution/Parole Region 1. ______ 2. ______
Log No. 1. ______ 2. ______
Category ______

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Robert Sanford	V-25176	3rd watch YRD crew	D-3 206L

A. Describe Problem: I'm writting this 602, because I have made numerous request by Interview Forms To Review Medical File. But, Never: notified about when or if I could Review Medical File. I Do have A Right to SEE my medical File Aswell as Recieve copyes of it. PeR Title 15 3350.2 (c) 3370 Article 9 Case Records

If you need more space, attach one additional sheet.

B. Action Requested: I WANT to REVIEW medical file and Reports per Tittle 15 3350.2(c) made on June 25th and 26th 2007 along with copies and Reports until April 2008. Thank you

Inmate/Parolee Signature: [signature] Date Submitted: 4-1-08

C. INFORMAL LEVEL (Date Received: ______)

Staff Response: ______

Staff Signature: ______ Date Returned to Inmate: ______

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: ______ Date Submitted: ______

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

EXHIBIT COVER PAGE B

EXHIBT

Description of this Exhibit: Documents of Surgery And Notes From DR weeks AT ALvorado Hospital San Diego, CA 92120 Dated 6/18/07

Case No.

Number of pages to this Exhibit ________ pages.

JURISDICTION:

EXHIBIT

B

Description: ______________________________

____

Page: ________

Visit #: 5294037
MR #: 000620655
Patient: SANFORD, ROBERT
Location: XT1
Admitting Physician:
Admit Date: 06/18/2007

:ive sleep apnea, chronic sinusitis.

NESS: Robert Sanford is a pleasant 43-year-old
f chronic nose and sinus symptoms. Robert has
ruction with difficultly breathing. He has also
ke extremely loud noises while sleeping at
emed to have sleep apnea, although sleep studies
ly impossible to obtain in the prison. He was
eep apnea by Dr. Levin and was referred for
to have severe nasal obstruction and polyps
gical intervention.

tritis, arthritis. No other illnesses.

atus post right hand fracture repair.

allergies.

outory.

:d is a former smoker. He has drunk alcohol in
.llicit drugs. He is unclear about illicit drug

es fever, chills, nausea, vomiting. He has
fatigue and somnolen...

ALVARADO HOSPITAL
San Diego, California 92120

STAT PREOPERATIVE HISTORY & PHYSICAL

Visit #: 5294037
MR #: 000620655
Patient: SANFORD, ROBERT
Location: XT1
Admitting Physician:
Admit Date: 06/18/2007

GENERAL: He is a well-nourished, well-developed male in no apparent distress.

HEENT: Examination of the ears are normal. Normal tympanic membranes bilaterally. The nasal examination reveals moderate rhinitis with turbinate hypertrophy, severe inferior septal deviation. The left nasal fossa reveals a large polyp with diffuse mucosal edema. Oral cavity and oropharynx are clear. Grade 3 uvular hypertrophy, grade 3 tonsillar hypertrophy, pharyngeal scarring and uvula reveals elongation. The laryngeal examination reveals tongue base hypertrophy. No gross mass.

NECK: Examination reveals no palpable mass or adenopathy.

NEUROLOGIC: Cranial nerves II-XII are grossly intact.

CARDIAC EXAM: S1, S2. No S3.

LUNGS: Clear to auscultation and percussion bilaterally.

ABDOMEN: Soft, nontender.

EXTREMITIES: Without cyanosis, clubbing or edema.

ASSESSMENT: Mr. Sanford presents today for surgical management. He has undergone laboratory and x-ray evaluation. He appears to be in good shape preoperatively. I have explained the risks and benefits of surgery in detail to Mr. Sanford. The risks include, but are not limited to, bleeding, scarring, infection, difficulty swallowing, difficulty breathing, change in voice, pharyngeal insufficiency or reflux into nose, nasopharyngeal stenosis, scar tissue formation at the back of the nose, bleeding into the ear with pain and problems with ear infections, loss of tongue movement and/or sensation, dental injury, septal perforation and nasal collapse, nasal dryness, loss of smell or taste changes, chronic facial pain or numbness, chronic tooth pain or numbness, chronic nasal pain or numbness, possible need for continued use of CPAP machine, ongoing symptoms despite adequate operation. The patient understands the nature

ALVARADO HOSPITAL
San Diego, California 92120

Visit #: 5294037
MR #: 000620655
Patient: SANFORD, ROBERT
Location: XT1
Admitting Physician:
Admit Date: 06/18/2007

STAT PREOPERATIVE HISTORY & PHYSICAL

of the surgery and that we are attempting to reduce the severity of the disease, but that it will not necessarily or even likely cure the disease or possibly not even significantly treat the disease. I have explained the risks of anesthesia, including dental injury, heart attack, stroke, death and other catastrophic complications. I have taken time to allow Mr. Sanford to ask questions and I have answered to the best of my ability. I have also provided him with ongoing treatment options, including observation. After contemplating his treatment options, Mr. Sanford wishes to proceed with surgery and will do on 06/18/2008.

BHW:cymed
D: 06/18/2007 (0553)
T: 06/18/2007 (0740)
Job 960291

Brian H. Weeks, M.D.

ALVARADO HOSPITAL
San Diego, California 92120

STAT PREOPERATIVE HISTORY & PHYSICAL

Visit #: 5294037
MR #: 000620655
Patient: SANFORD, ROBERT
Location: XT1
Admitting Physician:
Admit Date: 06/18/2007

GENERAL: He is a well-nourished, well-developed male in no apparent distress.

HEENT: Examination of the ears are normal. Normal tympanic membranes bilaterally. The nasal examination reveals moderate rhinitis with turbinate hypertrophy, severe inferior septal deviation. The left nasal fossa reveals a large polyp with diffuse mucosal edema. Oral cavity and oropharynx are clear. Grade 3 uvular hypertrophy, grade 3 tonsillar hypertrophy, pharyngeal scarring and uvula reveals elongation. The laryngeal examination reveals tongue base hypertrophy. No gross mass.

NECK: Examination reveals no palpable mass or adenopathy.

NEUROLOGIC: Cranial nerves II-XII are grossly intact.

CARDIAC EXAM: S1, S2. No S3.

LUNGS: Clear to auscultation and percussion bilaterally.

ABDOMEN: Soft, nontender.

EXTREMITIES: Without cyanosis, clubbing or edema.

ASSESSMENT: Mr. Sanford presents today for surgical management. He has undergone laboratory and x-ray evaluation. He appears to be in good shape preoperatively. I have explained the risks and benefits of surgery in detail to Mr. Sanford. The risks include, but are not limited to, bleeding, scarring, infection, difficulty swallowing, difficulty breathing, change in voice, pharyngeal insufficiency or reflux into nose, nasopharyngeal stenosis, scar tissue formation at the back of the nose, bleeding into the ear with pain and problems with ear infections, loss of tongue movement and/or sensation, dental injury, septal perforation and nasal collapse, nasal dryness, loss of smell or taste changes, chronic facial pain or numbness, chronic tooth pain or numbness, chronic nasal pain or numbness, possible need for continued use of CPAP machine, ongoing symptoms despite adequate operation. The patient understands the nature

ALVARADO HOSPITAL
San Diego, California 92120

STAT PREOPERATIVE HISTORY & PHYSICAL

Visit #: 5294037
MR #: 000620655
Patient: SANFORD, ROBERT
Location: XT1
Admitting Physician:
Admit Date: 06/18/2007

of the surgery and that we are attempting to reduce the severity of the disease, but that it will not necessarily or even likely cure the disease or possibly not even significantly treat the disease. I have explained the risks of anesthesia, including dental injury, heart attack, stroke, death and other catastrophic complications. I have taken time to allow Mr. Sanford to ask questions and I have answered to the best of my ability. I have also provided him with ongoing treatment options, including observation. After contemplating his treatment options, Mr. Sanford wishes to proceed with surgery and will do on 06/18/2008.

BHW:cymed
D: 06/18/2007 (0553)
T: 06/18/2007 (0740)
Job 960291

Brian H. Weeks, M.D.

ALVARADO HOSPITAL
San Diego, California 92120

Visit #: 5294037
MR #: 000620655
Patient: SANFORD, ROBERT
Location: 4N1 J 506
Admitting Physician:
Admit Date: 06/18/2007

STAT PREOPERATIVE HISTORY & PHYSICAL

cc: Brian H. Weeks, MD (FAX)
Richard O. Butcher, MD (286 Euclid Ave., #308, San Diego, CA 92114)

CHIEF COMPLAINT: Deviated septum.

HISTORY OF THE PRESENT ILLNESS: This 43-year-old Calipatria inmate is admitted for elective septoplasty with bilateral resection as well as tonsillectomy. The patient has difficulty breathing. He has been seen by ENT and is admitted for this elective procedure. This patient states he has been having problems for some time.

MEDICATIONS: The patient currently is taking no medication.

ALLERGIES: He has no allergies.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS:
Special Senses: No change in sight, taste, hearing or equilibrium.
Cardiorespiratory: No chest pain or shortness of breath.
Gastrointestinal: No nausea, vomiting, hematemesis or melena.
Genitourinary: Frequency, dysuria, and hematuria denied.

PHYSICAL EXAMINATION:
GENERAL: A well-developed, well-nourished male in no apparent distress. The patient is oriented and cooperative.

VITAL SIGNS: Temperature 98.3, pulse 43, respirations 18, and blood pressure 136/77. The patient is 5 feet 9 inches tall and weighs 183 pounds.

HEENT: Normocephalic. The pupils are round, equal, and reactive to light and accommodation. Funduscopic - No exudate or hemorrhage. Disks are clear. Sclerae and conjunctivae are clear. Ears - Tympanic membranes are intact and not injected. Nose - There is septal deviation noted. On ENT exam, the turbinates are enlarged. No drainage is present. Mouth - Tongue moist. Pharynx not injected. Tonsils are enlarged.

ALVARADO HOSPITAL
San Diego, California 92120

Visit #: 5294037
MR #: 000620655
Patient: SANFORD, ROBERT
Location: 4N1 J
Admitting Physician:
Admit Date: 06/18/2007

STAT PREOPERATIVE HISTORY & PHYSICAL

NECK: Supple. Thyroid not enlarged. No adenopathy.

CHEST: Clear to auscultation and percussion.

HEART: Sinus rate and rhythm. No murmurs are audible.

ABDOMEN: Flat, soft. No organomegaly. Bowel sounds are active.

GENITALIA: Normal male. Both testes are in the scrotum. No hernia.

EXTREMITIES: Full range of motion. No deformities. No clubbing, cyanosis or edema.

NEUROLOGIC: Physiologic.

SKIN: No evidence of rash.

DIAGNOSTIC IMPRESSION: Deviated septum, hypertrophy of the turbinates, and enlarged tonsils.

The patient is admitted for elective procedure. We will admit, keep NPO, seen by Dr. Weeks, will take to surgery.

ROB:cymed
D: 06/18/2007 (1418)
T: 06/18/2007 (1618)
Job 961916

Richard O. Butcher, M.D.

V35176

ALVARADO HOSPITAL
San Diego, California 92120

Visit #: 5294037
MR #: 000620655
Patient: SANFORD, ROBERT
Location: DO1 J
Admitting Physician:
Admit Date: 06/18/2007
Service Date: 06/18/2007
Page 1 of 4

OUTPATIENT OPERATIVE REPORT

cc: Brian H. Weeks, MD (FAX)

PREOPERATIVE DIAGNOSES:

1. Obstructive sleep apnea.
2. Nasal obstruction.
3. Upper airway obstruction.
4. Nasal polyps with nasal obstruction.
5. Maxillary bone spur with turbinate hypertrophy.
6. History of nasal fracture.

POSTOPERATIVE DIAGNOSES:

1. Obstructive sleep apnea.
2. Nasal obstruction.
3. Upper airway obstruction.
4. Nasal polyps with nasal obstruction.
5. Maxillary bone spur with turbinate hypertrophy.
6. History of nasal fracture.
7. Uvula mass times two consistent with papilloma.

PROCEDURES:

1. Open reduction internal fixation of nasal septal fracture.
2. Septoplasty.
3. Bilateral resection of maxillary bone spurs.
4. Bilateral submucous resection of the inferior turbinates.
5. Bilateral out-fracture of the inferior turbinates.
6. Bilateral nasal endoscopy with polypectomy.
7. Left endoscopic medial meatal antrostomy.
8. Left endoscopic ethmoidectomy.
9. Left endoscopic partial resection of the middle turbinate.
10. Tonsillectomy.
11. Bilateral pharyngeal wall resection.
12. UPPP - Uvulopalatopharyngoplasty.
13. Resection of uvula mass times two.
14. Uvula mucosal advancement flap closure of palatal defect.
15. Bilateral turbinate reduction (partial glossectomy).
16. Bilateral nasal polypectomies.
17. Orogastric tube placement.

ALVARADO HOSPITAL
San Diego, California 92120

OUTPATIENT OPERATIVE REPORT

Visit #: 5294037
MR. #: 000620655
Patient: SANFORD, ROBERT
Location: DO1 J
Admitting Physician:
Admit Date: 06/18/2007
Service Date: 06/18/2007
Page 2 of 4

SURGEON: Brian H. Weeks, M.D.

ANESTHESIA: General endotracheal.

ANESTHESIOLOGIST: Barbara Menton, M.D.

ESTIMATED BLOOD LOSS: Minimal.

OPERATIVE FINDINGS:
1. Nasal obstruction.
2. Uvular mass.
3. Septal fracture.
4. Left sinus obstruction.
5. Uvulopharyngeal redundancy.
6. Tongue base hypertrophy.
7. Turbinate hypertrophy.

COMPLICATIONS: None.

DISPOSITION: The patient tolerated the procedure well, was extubated in the operating room and was taken to post-anesthesia care unit in stable condition.

OPERATIVE REPORT IN DETAIL: After informed consent was obtained, the patient was properly identified and was brought to the operating room and placed on the operating room table. After general endotracheal anesthesia was induced, the patient was prepped and draped in the standard surgical sterile fashion.

First the nasal septum was injected with 5 mL of 1% lidocaine with 1:100,000 epinephrine. The nose was packed with Afrin-soaked pledgets. First a transverse incision was made along the nasal septum. Then the mucoperichondrium was elevated. The nasal septum was visualized and found to have evidence of a nasal septal fracture. This fracture was isolated and the mucosa overlying it was elevated on both sides of the fracture line. An open repair of the nasal septal fracture was performed by gently elevating and realigning those edges of the cartilage.

ALVARADO HOSPITAL
San Diego, California 92120

Visit #: 5294037
MR. #: 000620655
Patient: SANFORD, ROBERT
Location: DO1 J
Admitting Physician:
Admit Date: 06/18/2007
Service Date: 06/18/2007
Page 3 of 4

OUTPATIENT OPERATIVE REPORT

Next, Septoplasty was performed. The submucous resection septoplasty was done by elevating and resecting the cartilage posterior to the fracture line and inferior to the fracture line. This was done by augmentation and resection of the cartilage. This was done at the bony and cartilaginous level. Dissection was carried down inferiorly toward the maxilla. The maxillary crest was isolated. There were large maxillary bone spurs bilaterally emanating into the nasal fossa. These were isolated and removed with the osteotome and a mallet. They were passed of the field as specimen. Further areas of obstruction were resected inferiorly. The mucoperichondrial leaves were then reapproximated using a running plain gut suture. The anterior incision was closed with interrupted chromic suture. Bilateral nasal endoscopy and polypectomy was performed. The 0 degree telescope was placed in the nose. The 4.0 shaver was used to remove polyps from the inferior turbinates bilaterally, completely debriding the nose, removing crusting and debris. The nose was irrigated and suctioned.

Next, attention was turned to the left nasal fossa. The uncinate process was incised and removed with a Freer. The antral meatus was identified and cannulated. A side-biter was used to gently widen the antral meatus. A large polyp was seen inside the maxillary sinus emanating from the anterior wall. This was isolated. The polyp was removed using a 4.0 shaver. The ethmoid bulla was taken down and anterior ethmoidectomy was performed. There was some involvement of mucosal disease but no purulence. The middle turbinate was trimmed at this level and one third was removed with the shaver. The nose was then suctioned. A nasal pack was placed in the middle meatus region. The nose was then suctioned. Bilateral Merocel sponges were trimmed, covered with Bactroban and placed in the nasal fossa.

Attention was turned to the oral cavity. The left tonsil was grasped and medialized. The tonsillar pillar was incised. The plane was identified. A circumferential submuscular tonsillectomy was performed. The tonsil was passed off the field as specimen. The pharyngeal wall was resected, aggressively resecting redundant tissue laterally down to the muscular layer. This was passed off the field as specimen.

Next the right tonsil was grasped and medialized. It was incised, the pillar was incised and the capsule was then identified. A circumferential

ALVARADO HOSPITAL
San Diego, California 92120

Visit #:	5294037
MR #:	000620655
Patient:	SANFORD, ROBERT
Location:	DO1 J
Admitting Physician:	
Admit Date:	06/18/2007
Service Date:	06/18/2007
Page 4 of 4	

OUTPATIENT OPERATIVE REPORT

submuscular tonsillectomy was performed. The right pharyngeal wall was resected and passed off the field as specimen as well. This was done aggressively down to the muscular layer and the redundant tissue was removed.

Next the palatal mucosa was de-mucosalized on the surface. There were two uvular masses, which were present. These were resected using needle point cautery and two lesions were resected. They were passed off the field as specimen. The mucosa of the uvula was removed down to the muscular layer. A uvular mucosal flap was then elevated.

Next, the redundant palatal tissue was resected. A uvulopalatopharyngoplasty was performed, reapproximating the palate edges using interrupted 3-0 chromic sutures and a deep Vicryl suture at he apex of the uvula. A uvula mucosal flap was then advanced using the mucosa to close the palatal defect. This was again done with interrupted chromic sutures and a deep Vicryl suture. The uvular mass that had previously been resected was passed of the field as specimen.

Attention was turned to the tongue base. Bilateral tongue base reduction was performed by creating six lesions on each side of the tongue using the radiofrequency probe. Six hundred joules of energy were delivered at each site using appropriate impedance. This was done with the Jennings mouth gag in place. The tongue was gently grasped and handled atraumatically.

The mouth was irrigated and suctioned. No evidence of massive bleeding was present. The dentition were not harmed. An orogastric tube was in place in the stomach and it was decompressed with secretions. The patient was returned to the care of anesthesia at the conclusion of the procedure. All sponge and needle counts were correct at the end of the procedure. The patient tolerated the procedure well, was extubated in the operating room and was taken to the post-anesthesia care unit in good condition.

BHW:cymed
D: 06/18/2007 (1711)
T: 06/19/2007 (0738)
Job 962322

Brian H. Weeks, M.D.

nasal fractures

LEVEL OF CONSCIOUSNESS

- [x] ALERT
- [ ] CONFUSED
- [ ] HISTORY OF SEIZURES
- [x] ORIENTED
- [ ] SLOW TO RESPOND / COMPREHEND
- [ ] DISORIENTED
- [ ] LETHARGIC

SENSORY LIMITATIONS (IF PATIENT USES / IF WITH PATIENT)

- [x] NONE NOTED
- [ ] TOUCH
- [ ] TASTE
- [ ] SPEECH
- [ ] SMELL
- [ ] SIGHT
- [ ] HEARING
- GLASSES
- CONTACT LENSES: [ ] RIGHT [ ] LEFT
- HEARING AID: [ ] RIGHT [ ] LEFT

RESPIRATORY

- [x] NORMAL LIMITS (RATE)
- [ ] ACCESSORY MUSCLES
- [ ] DYSPNEA
- [ ] ORTHOPNEA
- [ ] COUGH
- [ ] ABNORMAL BREATH SOUNDS
- [ ] SEASONAL BREATHING DIFFICULTIES
- [ ] OXYGEN
- [ ] NASAL FLARING
- [ ] TRACHEOSTOMY
- [ ] SECRETIONS
- [ ] OTHER

CARDIOVASCULAR

- [x] REGULAR RHYTHM
- [ ] RATE WITHIN NORMAL LIMITS
- [ ] ABNORMAL HEART SOUNDS
- [ ] ABNORMAL PULSES
- APICAL / RADIAL / PEDAL
- [ ] PACEMAKER
- [ ] JUGULAR VEIN DISTENTION
- [ ] CALF TENDERNESS
- [ ] OTHER

ELIMINATION

BLADDER
- [x] DENIES PROBLEM
- [ ] NOCTURIA
- [ ] BURNING
- [ ] URGENCY
- [ ] URINARY INCONTINENCE
- [ ] OTHER
- URINARY FREQUENCY ______
- [ ] CATHETER
- DATE PLACED ______

BOWEL
- [x] DENIES PROBLEM
- USUAL BOWEL PATTERN ______
- LAST BM ______
- [ ] LAXATIVE USE (LIST UNDER MEDICATION)
- [ ] OTHER AIDS ______
- [ ] OSTOMY - TYPE ______

FUNCTIONAL STATUS (LEVEL OF SELF CARE)

MOBILITY LIMITATIONS
- [x] NO LIMITATIONS
- [ ] WALKING
- [ ] TRANSFER
- [ ] TURNING IN BED
- [ ] STAIRS
- [ ] STANDING
- [ ] GENERALIZED WEAKNESS
- [ ] OTHER

DEVICES TO AID MOBILITY (IF PATIENT USES / IF WITH PATIENT)
- [x] NONE
- CANE / CRUTCHES / WALKER
- ARTIFICIAL LIMBS [ ] R [ ] L
- BRACE

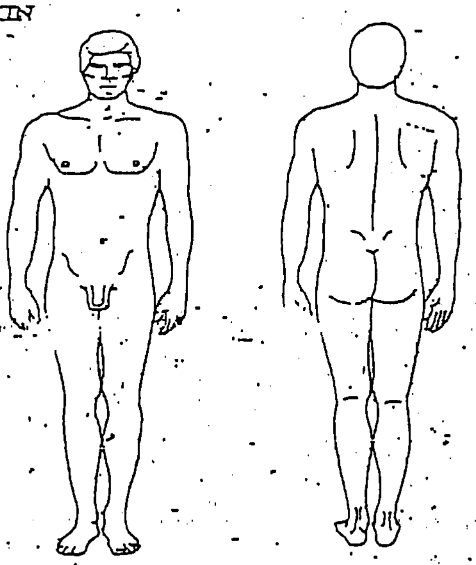
WEAKNESS/PARALYSIS
- [ ] UPPER EXTREMITY [ ] R [ ] L
- [ ] LOWER EXTREMITY [ ] R [ ] L

ASSISTANCE REQUIRED
- [ ] HYGIENE / GROOMING
- [ ] DRESSING
- [ ] MEALS
- [ ] OTHER

SKIN

- [x] NORMAL TURGOR, TEMPERATURE & COLOR
- [ ] INTACT, MOIST MUCOUS MEMBRANES
- [ ] EDEMA
- [ ] DRY
- [ ] DIAPHORETIC
- [ ] JAUNDICED
- [ ] SCALY
- [ ] CYANOTIC
- [ ] FLUSHED
- [ ] PALE
- [ ] RASH
- [ ] OTHER

SKIN ASSESSMENT CODE
- [x] NO PROBLEM
- I - BRUISES
- D - DECUBITUS
  - GRADE I II III IV (CIRCLE)
- L - LACERATIONS
- S - SCAR
- R - RASH
- A - ABRASIONS
- BU - BURN



Referred from Alvarado Hospital. Has packing in both nose & outside dressing. Has moderate amt of drainage present. 4x4's under nose. Rates pain as a 10 on a 1/10 scale. Tyl #3 2 tabs given [illegible] #13 [illegible]

SIGNATURE [signature] RN

FACILITY [illegible] | PHYSICIAN | ROOM NO.

CDC NUMBER, NAME (LAST, FIRST, MI)

ADMISSION ASSESSMENT

CONTINUED FROM REVERSE

CDC 7202 (4/93)

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

EXHIBIT COVER PAGE

C

EXHIBT

Description of this Exhibit: CDC 7230 Form
AH 8496W/69802 Form
DC 7202 Form
Dates 6-12-07, 6-18-07, 6-19-07,
6-20-07, 6-21-07, 6-22-07, 6-23-07

Case No.

Number of pages to this Exhibit __________ pages.

JURISDICTION:

EXHIBIT
C

Description: ______________________

____

Page :

DATE	TIME	
6/12/07	0600	97.6 118/77 52 R-16 Stable to transport
		c̄ custody staff. [signature]
	1250	I/P returns from S. Diego ENT Dr Weeks.
		VS: 132/87, P47, SaO2 100% R18.
		Stable for return to yard – T [signature] RN

INSTITUTION	HOUSING UNIT	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
Cal-80	A3-2	Sanford V25176

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DATE	TIME	
6/18/07	0708	I/P going to AAMC for Direct Admit for surgery by Dr Weeks. Has been NPO p̄ midnight, denies ASA this week VS 132/81 P54 SaO2 100% Stable for transport — T. [illegible]
6/19/07	2200	99.6 68 142/90 Pt returned from Alvarado for tonsillectomy & septoplasty. C/O pain 10/10. Ø resp distress noted. [illegible] awake, admit to OHU for observation & continue meds as ordered. [illegible]

INSTITUTION: CAL SP

HOUSING UNIT: A3-248C

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH: Sanford V25176

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

ALVARADO HOSPITAL

PATIENT PROGRESS RECORD

MR# 000620655 OP
SANFORD, ROBERT
M 11/29/61 005294037
PUTCHE RICHA 06/18/07
ALVARADO HOSPITAL, LLC

DATE & TIME	
	H/W OP NOTE
6/18/07	procedure: - ORIF nasal septal fracture
	- Septoplasty
	- Bilateral resection maxillary bone spurs
	- Bilateral SMR/outfracture inferior turbinates
	- Bilateral nasal endoscopy c̄ polypectomy
	- (L) endo MMA
	- (L) endo ethmoidectomy
	- (L) Endo partial partial resection middle turbinates
	- Tonsillectomy
	- Bilateral pharyngeal wall resection
	- UPPP
	- Resection of uvular mass x 2
	- Uvular inward flap closure (advancement) of palate defect
	- Bilateral tongue base reduction
	- Bilateral placement nasal packing
	- OGT placement
	Surgeon - B Wesley
	Anesth - Benson
	EBL - min
	findings - nasal obstruction / septal Fx / (L) sinus obstruction uvular / pharyngeal redundancy / tongue base hypertrophy turbinate hypertrophy / maxillary spurs / uvular mass
	Comps - ∅
	TO PACU stable

[signature]

ADMISSION DATE & TIME	PRIMARY LANGUAGE IF NOT ENGLISH	MODE OF TRANSFER	VITAL SIGNS	HEIGHT INCHES	WEIGHT LBS	MEASURE
6/19/07 2210	English	☐ AMBULATORY	PULSE 68		187.8	☑ STAN
		☐ WHEELCHAIR	BLOOD PRESSURE 142/90	☐ STATED		☐ CHAI
	☐ SIGN LANGUAGE	☐ GURNEY	REPIRATORY 16	TEMP 98.3	☐ MEASURED	☐ STATED	☐ BED

ADMITTING DIAGNOSIS S/P Septoplasty c Bilateral Resection

INSTRUCTION OF ROUTINES AND SERVICES TO PATIENT

☑ NURSE CALL SYSTEM ☐ HOSPITAL RULES & REGULATIONS ☐ TELEPHONE ☐ BATHROOM

☑ BED ☑ SIDE RAILS ☐ SMOKING POLICY ☐ TELEVISION ☐ PERSONAL PROPERTY

REASON FOR ADMISSION (PRIMARY SIGNS / SYMPTOMS, CHIEF COMPLAINT, HISTORY OF PRESENT ILLNESS, PERCEPTION OF ILLNESS / TREATMENT / GOALS)

S/P Nasal Surgery

PRESENT COMFORT LEVEL ☐ NO APPARENT DISTRESS

Rates pain as a 10 on a 1/10 scale

CHRONIC HEALTH PROBLEMS (INCLUDE HOSPITALIZATIONS) Denies

SURGERIES 6/18/07 Nasal Sx.

PSYCHO/SOCIAL ☐ ANXIETY ☐ TERMINAL DIAGNOSIS ☐ FAMILY PROBLEM ☐ SUICIDE THREAT ☐ ANGER ☐ WITHDRAWN ☐ HISTORY OF MENTAL ILLNESS

COMMENTS: WNL

ALLERGIES

☑ NONE ☐ MEDICATION

CURRENT MEDICATION (PRESCRIBED / NON-PRESCRIBED)

MEDICATION	DOSAGE	FREQUENCY	LAST DOSE	MEDICATION	DOSAGE	FREQUENCY	LAST D
N/A							

NUTRITION

☑ DENIES PROBLEM ☐ POOR APPETITE ☐ DIFFICULTY CHEWING ☐ DIFFICULTY SWALLOWING

DENTURES ☑ NO ☐ YES ☐ PARTIA

RECENT DIETARY RESTRICTIONS N/A

PERSONAL HABITS TYPE / AMOUNT PER DAY ☑ DENIES

☐ CAFFEINE BEVERAGES

☐ ALCOHOL / DRUGS

☐ TOBACCO

FOOD INTOLERANCE

FACILITY	PHYSICIAN	ROOM NO.	CDC NUMBER, NAME (LAST, FIRST, MI)
Calipatria	Blanko	B	Sanford, Robert V25176

ADMISSION ASSESSMENT

CONTINUED ON REVERSE

DC 7202 (4/93)

DATE	TIME	
6/20/07		S: Pt sleeping
		O: Pt appears to be in no acute distress. Sleeping comfortably, nasal packing in place, not saturated. Pain meds provided as per orders. Pt's food now requires blending
		A: Pain r/t voiding
		P/E: Will continue to monitor Pt; Encourage use of call light
		[signature]
6/20/07	1730	Pt ate 100%. blended food s̄ problems. Voiced ō other complaints. will continue monitoring. [signature]

INSTITUTION Cal SP HOUSING UNIT Whu #13

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Sanford V25176

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

DATE	TIME	
6/20/07	0600	S: I/P DOING WELL TODAY. MINIMAL
		BLOOD ON GAUZE. STATES PAIN
		CONTROLLED c̄ #2 VICODIN Q 4-6°
		O: NAD LYING IN BED VSS
		NOSE c̄ SMALL AMOUNT OF SEROSANGUINOUS
		FLUID ON 4X4 GAUZE
		A/P: SEPTOPLASTY / TONSILLECTOMY
		- POST-OP DAY #2
		- CONTINUE c̄ CURRENT P.O.C
		PACKING TO BE REMOVED
		ON 6/22/07 BY
		DR. LEVIN
		Sharon Young PAC
6/21/07		Pt complains of pain 5/10 medicated c̄
	0040	PRN vicodin ii @ 0050. Will cont to monitor.
		[signature]

INSTITUTION | HOUSING UNIT | CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

SANFORD, R
V25176

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DATE	TIME	
		—surgery on 6.18.07
6.20.07	730 AM	Pt. arrived back from Alvarado Hosp last pm post op bilat tonsillectomy & septoplasty — c/o of ↑ pain throat, sinuses - spitting up dark bloody phlegm. unable to eat whole food — food to be pureed & Boost added to meals TID -
		Switched to Vicodin prn pain.
		Dr. Levin to remove packing on 6.22.07
		[signature] NP-C
6/22/07	12:30 pm	S: 43 yo B♂ S/P septoturbinoplasty, tonsillectomy, UPPP, nasal endoscopy, nasal polypectomy, (B) pharyngeal wall resection, (B) tongue base resection, on 6/18/07. Here for removal of nasal packing today. Reports has changed dsg frequently — q 30 min. Other than pain, no acute problems.
		O: VS: T = 98.5 (o) P = 97 BP = 129/84 R = 16
		Nose: Bilateral merocel packing in place; dsg pad c pink to slightly red, minimal drainage.
		Throat – S/P tonsillectomy & uvulectomy c defect closure; minimal pink drainage down retropharynx; lateral pharyngeal wall + pillars mildly swollen; tonsillar fossa c wl post op exudates;
		A: OSA / Chronic Sinusitis / Septal Deviation S/P multiple nasal + OP surgery (see op note)
		P: Packing out bilaterally today. No active nasal bleeding. Small (over)

INSTITUTION: CM

PHYSICIAN: [signature] NP-C

ROOM NO.: OHU 13

CDC NUMBER, NAME (LAST, FIRST, MI): Sanford, Robert V25176 DOB 11.29.63

PHYSICIAN'S PROGRESS NOTES

CDC 7230 (7/90)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DATE	TIME	
6-21-07		S: "Goodmorning nurse"
		O: Pt A/O x3, in no acute distress, pt denies pain or discomfort @ this time, nasal packing patent, pt continues to drink nutritional drinks, pt requests cutting foods into small pieces vs blending.
		A: Alteration in comfort r/t ~~s/p~~ nasal discomfort from septoplasty
		P/E: Will continue to monitor pt; Encourage use of call bell.
6-21-07		Pt medicated for pain as per orders tolerated well [signature]
6/21/07	2030	130/74 P60 T98 O2 sat 99% — R Sandoval
6/22/07	0745	S – "I'm fine, but I need my Vicodin."
		O – A&O x4, NAD. Drsg to nasal passages clean, dry & intact. I/P aware to leave drsg alone, do not attempt to blow nose. A – Alt in comfort R/T status post tonsillectomy P – Cont c PIC. Drsg to be removed this afternoon. E. Inst to notify c any problems — [signature]

INSTITUTION: Cal Pat

HOUSING UNIT: OHU 13

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Sanford

V25176

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DATE	TIME	
6/22/07	1545	S: I/P S/P PACKING TODAY. TAKING VICODIN DAILY - PAIN IS SAME AS YESTERDAY. NO HEAVY BLEEDING.
		O: LYING IN BED VSS
		GAUZE PADS IN PLACE
		A/P: S/P SEPTORAPLASTY / (B) TONSILLECTOMY - ELECTIVE -
		- I/P TO BE DISCHARGED TOMORROW -
		- c̄ MOTRIN 800 mg TID PRN PAIN
		- NOTT
		- PNE c̄ ME ON 6/25/07
		[signature], PA-C
6/23/07	0800	S- "I need something for pain" [initials]
		O- Alert/oriented male, c/o pain to nasal area no bleeding noted, ∅ packing in place medicated c̄ 1 tab vicodin @ this time.
		A- Alteration in comfort
		P- Monitor for pain relief.
		E- Discharge plan- change of medication [signature]
	0900	Reports pain relief obtained. [signature]

INSTITUTION	HOUSING UNIT	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
		SANFORD V25176

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DATE	TIME	
6/22/07	1245	I/P taken to TTA. Dr. Levin to remove nasal drsgs. —— [signature] RN ——
	1315	I/P returned to OHU for observation. ø active bleeding noted. No drsg on I/P. Was instructed to not blow nose, or pick nose. Clean nares c̄ TP only if drainage noted to outer area of nose. Vicodin given c̄ relief. NAD, calm & cooperative. —— [signature] RN
6/22/07	2000	(S) "Can I have my vicodin?"
		(O) Pt. A&O x4- C/o pain 7/10 scale. ø Active nose bleeding noted. Medicated c̄ vicodin ii tabs PO. for pain. Pt ate 100%. dinner + 1 can Boost
		(A) Alteration in comfort.
		(P) Will continue monitoring. Encouraged to call for help as needed.
		(E) Pt reminded not to blow nose. Notify medical staff if bleeding or drainage. Pt. verbalized understanding of instructions. [signature] ——
6/23/07	0800	S- "I need pain medication".
		O- A/O male, c/o pain to nasal area NO bleeding noted-medicated c̄ vicodin
		A- Alt. in comfort P-monitor for pain relief.
	0900	Pain relief reported. [signature]

INSTITUTION: CAL-SP

HOUSING UNIT: OHU #13

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH: Sanford V25176

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DATE	TIME	
6/23/07	1045	Discharged to yard, 3 day supply of meds issued to patient c̄ DC instructions verbalizes understand. To be F/u on yard on 6/25/07, informed him to Report to clinic in AM. Verbalizes understanding. [signature]
6/23/07	1055	Report to LVN Molina to place on MD F/u list for 6/25/07. [signature]
~~6/26/07~~		

INSTITUTION

HOUSING UNIT

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Sanford
V25176

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

EXHIBIT COVER PAGE D

EXHIBT

Description of this Exhibit: CDC 7230 Form
I/m Sanford was complaing about
Case No. pain on 7/26/07 and all the
Medical Reports written At 1230,
1400 –

Number of pages to this Exhibit __________ pages.

JURISDICTION:

EXHIBIT

D

Description: ______________________________

____

Page: ________

DATE	TIME	
6/26/07	12:30	S: "MY THROAT IS SORE & MY PAIN IS
		10/10" (+) DIFFICULTY SWALLOWING &
		EATING x 1 DAY.
		O: VSS 97.8 O2 SAT 100%
		- (L) SIDE FACE c MILD EDEMA
		- PAIN ON ABDUCTION OF MANDIBLE
		- POST. OROPHARYNX c WHITE
		EXUDATE & ERYTHEMA
		A/P: S/P TONSILLECTOMY/ SEPTOPLASTY (B)
		- T#3 FOR 3 MORE DAYS -
		ii PO Q4-6° PRN WHILE AWAKE
6/26/07	1400	S: 43 yo B♂ S/P Multiple procedures (See lay pen note of 6/22/07)
		for OSA / Chronic Sinusitis. Packing out on 6/22/07. Reports has
		developed [illegible] swelling of nose as anticipated. No active
		bleeding. Only other complaints are still sore to swallow + (R) submandibular
		[illegible] swelling + TTP which he says was present pre-op. Dr
		Weeks' notes does not confirm this. PA-C [illegible] concerned about appearance
		O: Nose - congested, some dry mucus; septum appears essentially throat.
		midline; turbinates anteriorly small.
		Throat - Healing tons. [illegible] fossae [illegible] s fresh or old blood;
		↓ pillar edema; ↑ OP airway; ↓ BOT swelling; S/P [illegible]plasty;
		s fresh PN blood; 2 small old spots of dark dried blood;
		Neck - (R) SM/[illegible] 1x1.2cm node - ±TTP, mobile; (over)

INSTITUTION: CMC | HOUSING UNIT: A3 248L

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
V25176
Sanford, R.
11/29/63

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS

A: Stable S/P multiple nasal / oral procedures for OSA / chronic sinusitis septal deviation, turbinate hypertrophy

P: ↑ po intake - cool / cold liquids, small bites of food. PAC Yang continuing analgesics! F/u c̄ Dr Weeks to be arranged. Will f/u c̄ Ms Yang - Dr said he would be put on antibiotics. Will need to let post op healing to end & then can assess LN/SMG better

E: Pt informed of all of above + agreeable to proceeding as outlined

[signature]

EXHIBIT COVER PAGE E

EXHIBT

Description of this Exhibit: CDC 7230 Form

Case No. Report written regarding cond of Sanford on 6-26-07 after Hemorrhage started In Cell. (Time not noted) - Blood Pressure 108/92 written By LVN Molina.

Number of pages to this Exhibit __________ pages.

JURISDICTION:

EXHIBIT

E

Description: ______________________________

____

Page: ________

DATE	TIME	
6/26/07		I/p Sanford V35176 was taken to TTA via
1008/9?	2?BP	ambulance code III, LVN Molina responded
		from central health LVN Zavala was @
		housing responded from Bravo yard, (LVN
		Molina @ another code which was previous)
		I/p was alert and oriented @ time of arrival
		I/p was bleeding from eyes, nose and
		mouth, no SOB noted, skin warm to touch
		LVN molina accompanied ambulance c̄ Code III
		transport, report was given to RN Garcia
		who instructed LVN Molina to contact Thomas N.P.
		via phone, RN Garcia gave report to Thomas
		NP in regards to I/p condition informed
		Thomas NP I/p bleeding from nose, eyes, and
		mouth and reported vital signs, pressure
		was still applied to nose I/p calm and
		cooperative. LVN molina informed to report
		back to Agd @ approximately 2150 my RN
		Garcia. ——— J Molina LVN

INSTITUTION	HOUSING UNIT	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
Cal SP		V35176 Sanford

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

ORIGINAL

EXHIBIT COVER PAGE F

EXHIBT

Description of this Exhibit: CDC 7230 Form Description by Nurse Sawtell on 8/26/07 Regarding I/m Hemorrhage Do to Surgery.

Case No.

Number of pages to this Exhibit __________ pages.

JURISDICTION:

EXHIBIT
F

Description: ______________________

____

Page :

DATE	TIME	
6/26/07	1030 pm	Continues to bleed via nares. Bright red blood constant oozing saturating approximately 2-3 4x4 gauzes BP P61. C/o feeling blood trickle to back of throat. Admits to using Motrin & Tylenol #3's on the yard. Naso septoplasty c̄ Tonsillectomy performed 6/19/07. Packing removed by Dr Lewin 6/22/07 s̄ incident. Call to NP Thomas. NP Thomas directs to observe x 1 hour & call back if bleeding continues. Pt continues to apply pressure to nares, apply ice packet provided c̄ head elevated to approx 30°. —— RSawdeen
6/26/07	2320	Pressure applied manually by nurse, ice @ nasal bridge. Pressure applied x 30 minutes. Bleeding seemed to stop as evidence by ↓ coughing up blood clots, pt statements that trickling @ back of throat stopped. Bleeding stopped for approximately 2-3 minutes p̄ pressure was removed by nurse and pt took over the care. Bleeding restarted. Call to NP Thomas. No further orders @ this time. Bleeding seems to have slowed down. —— RSawdeen
	24:00	Bleeding restarted. Lg blood clots coughed up. Ice given to suck on. Pressure reapplied. —— RSawdeen

INSTITUTION	HOUSING UNIT	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
		V-25176 Sanford

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DATE	TIME	
6/26/07	1030 pm	Continues to bleed via nares. Bright red blood constant oozing saturating approximately 2-3 4x4 gauzes BP 140/? P 72 ... C/o feeling blood trickle to back of throat. Admits to using motrin & Tylenol #3's on the yard. Naso septoplasty c̄ Tonsillectomy performed 6/19/07. Packing removed by Dr Lewin 6/22/07 s̄ incident. Call to NP Thomas. NP Thomas directs to observe x 1 hour & call back if bleeding continue. Pt continues to apply pressure to nares, apply ice packet provided c̄ head elevated to approx 30°. ——— RSawdeen
6/26/07	2320	Pressure applied manually by nurse, ice @ nasal bridge. Pressure applied x 30 minutes. Bleeding seemed to stop as evidence by ↓ coughing up blood clots, pt statements that trickling @ back of throat stopped. Bleeding stopped for approximately 2-3 minutes p̄ pressure was removed by nurse and pt took over the care. Bleeding restarted. Call to NP Thomas. No further orders @ this time. Bleeding seems to have slowed down. ——— RSawdeen
	24:00	Bleeding restarted. Lg blood clots coughed up. Ice given to suck on. Pressure reapplied. ——— RSawdeen

INSTITUTION	HOUSING UNIT	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
		V-25176 Stanford

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DATE	TIME	
6-26-07		Pt presents to TTA c̄ serosanguinous
		fluid draining from eyes, mouth and
	2020	nose, began [illegible] prior to arrival
BP 124/78		code 3 ambulance. Pt has symptoms, V6
		and [illegible] 6/18/07 stated "I just
72. 18. 98%		sneezed then blood gushed out"
96.	5/	Pt A&O x3, in no acute distress,
		VS stable, concerns about "re-bleeding
		NP Thomas notified. Admitted c̄
		[illegible] to OHU #2 c̄ orders
		Report to OHU - nurse Sawtell [signature]

INSTITUTION	PHYSICIAN	ROOM NO.	CDC NUMBER, NAME (LAST, FIRST, MI)
CAL-SP		OHU #13	Sanford, Robert V25176 DOB 11-29-63

PHYSICIAN'S PROGRESS NOTES

CDC 7230 (7/90)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DATE	TIME	
6/27/07	0346	Bleeding has slowed p̄ using nasal spray (oxymetazoline HCL) & pinching nose x 3 hours & sucking on ice. Pt resting c̄ external packing c̄ pressure. BP 136/72 P 61 —— R Sawtellen

INSTITUTION: Calipatria | HOUSING UNIT: OHU 2

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Sanford
V25176

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

EXHIBIT COVER PAGE G

EXHIBT

Description of this Exhibit: CDC 7230 Form describing I/m Sanfords medical condition on 6/27/07

Case No.

Number of pages to this Exhibit __________ pages.

JURISDICTION:

EXHIBIT

G

Description: ______________________________

____

Page: ________

DATE	TIME	
6/27/07	0346	Bleeding has slowed ō using nasal spray (oxymetazoline HCL) & pinching nose x 3 hours & sucking on ice. Pt resting c̄ external packing c̄ pressure. BP 136/72 P61 —— RSanwillen
6/27/07	0630	Pt calling by knocking on the door. found pt holding a spitting container full of blood. shaking and very upset stating, "I don't feel good" I need to medical attention. Assessment done, I then decide to send pt to TTA/ER for further evaluation and treatment. Do to the amount of blood seen on the container PT's cloth and bed. RN [illegible] Receiving nurse. —— [signature] RN
6/27/07	1200	Received pt back from Pioneer Memorial Hospital. Pt A/O x3. Vital signs stable @ 98.9-86-20-130/80. Packing to both nostrils dry + intact. Ø bloody drainage observed. Pt denies any pain @ this time. Requested shower @ this time. Pt admitted to OHU, room 15. Will cont to monitor. —— [signature]

INSTITUTION: Calipatria

HOUSING UNIT: OHU 2

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Sanford

V25176

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DATE	TIME	
6/27/07	1250	Left message c OT Judy that Mr. Sanford is back and to please have NP Thomas call me c revision of orders from PMH — [signature]
6/27/07		Called NP Thomas to inform her of Mr. Sanford's return from PMH and she stated "I can't talk right now" I tried to brief NP Thomas on Sanford's disposition she continued to say "I can't talk right now" ~~[illegible]~~ No new orders could be given @ this time — [signature]
6/27/07	1317	NP Thomas called, PMH orders briefed c her, said to follow PMH orders and D/C tyl #3 — [signature]
6/27/07	1600	Nasal packing intact. Verbalizes concern over BP's & constipation. Nasal packing dry & secure. No c/o discomfort @ this time. — [signature]

INSTITUTION: Cal SP

HOUSING UNIT: O HU #15

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Sanford

V25176

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

EXHIBIT COVER PAGE

H

EXHIBT

Description of this Exhibit: CDC 7280 Form I/m Sanfords Hemorrhage cond. Noted: By Nurse Practioner Thomas - Dated 6/27/07

Case No.

Number of pages to this Exhibit __________ pages.

JURISDICTION:

EXHIBIT

H

Description: ______________________________

____

Page: ________

DATE	TIME	
062707	0745	(S) 43 y/o male African American in EF/TTA c̄ epistaxis. Yesterday @1800 was eating dinner watching TV when suddenly nose started bleeding. uncontrollably - cell mate concern > x1hr. decided to call MTA @ 1900. arrival of MTA
hemocue 16.4 g/dl		staff to call @ 2000 hrs: noticed blood coming from eyes. Transported by code 3 ambulance last NOC arrived TTA approximately 2010hrs. on arrival nurse assessed.
124/88 76		call made to Notify (POC) S/S Blood from eyes epistaxis resolved. Pt s/p tonsillectomy uvula plasty septo Rhinoplasty (PMHP) Nasal polyps chronic sinusitis / sleep apnea deviated septum. (ROS) φ dizziness.
		(O) 43 y/o male AA NAD VSS 122/69 (87) 137/92 (107) 134/84 (103)
Religion - Jehova - witness		HEENT - (+) Blood in eyes - (+) Blood clots (B) nares - oropharynx - c̄ bright red blood Nasal clamp applied c̄ Two (2) tongue depressors. effective Relief of Bleeding For Time.
		~~Anemia~~ - Stable (A) epistaxis anterior S/P Septo Rhinoplasty uvulaplasty tonsillectomy.
		(P) Referred to PMH by Dr. Levin for nasal packing after PL to GO To Alvarado for visit By Dr. Weeks
		(D) Normal post surgical complication according to Dr. Levin

INSTITUTION	PHYSICIAN	ROOM NO.	CDC NUMBER, NAME (LAST, FIRST, MI)
	Thomas		Sanford V-25176

Selea Thomas
RN, MSA, MSN, FNP
Family Nurse Practitioner

PHYSICIAN'S PROGRESS NOTES

CDC 7230 (7/90)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DATE	TIME	
6/27/07	0300	V/s T 98.9 P86 R16 B/P 130/78. Pt A&O x4 - c/o pain 7/10 scale - medicated c̄ Vicodin ii tabs P.O. as ordered for pain. Ø Bleeding noted. Packing intact. Will continue monitoring for Δ's in condition. [signature] RN
6/28/07	0130	Pt c/o pain 8/10. Pt medicated c̄ Vicodin ii tabs P.O. as ordered for pain. Ø Bleeding noted. V/s WNL. Will continue monitoring. Ice provided as requested [signature]
062807	0700	(S) Pt. doing well - poor appetite.
		(O) Nasal packing saturated c̄ dried blood. [illegible]
		(A) S/p epistaxis RT septoplasty uvuloplasty tonsillectomy
		(P) see [illegible] [signature]
		(A) Pain management [illegible]. RN [illegible]
6/29/07	0745	Pt called me over - [illegible] c/o constipation (probably 2° analgesics) [illegible] did not work. On Colace. Will try Dulcolax suppository today. [signature]
July 5, 2007	0730	S: Pt says he has bloody sputum. O: Hema - [illegible] 9.7. Pt has container c̄ bloody saliva + some small clots. Nose - ō fresh or old blood in nares. Throat - [illegible] tonsils + uvuloplasty virtually healed - no fresh or old blood there or on RP wall. Nail beds - pale; conj. pink. A: Post op bleeding following septorhinoplasty UVPP for OSA/Chronic Sinusitis/Septal deviation [illegible]. P: Will call Dr Weeks this am. E: Pt aware of plan + agrees to proceed as outlined. [signature]

INSTITUTION: CAC SP

HOUSING UNIT: [illegible] #15

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH: Sanford V25176

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DATE	TIME	
[illegible]/27/07	1600	S: I/P c̄ Hand Pain x 5 days:
		Someone "stomped" on my hand"
		I/P was soaking it x 5 days
		O: NAD
		- X-ray c̄ (R) 5th c̄ Fx -
		complete
		A/P (R) 5th Fx MCP -
		- Urgent orthopedic
		surgery referral -
		- Tylenol #3
		Sig: i-ii PO Q 4-6°
		PRN x 3 days
		- F/U c̄ yard PCP on
		7/5/07 - ~~[illegible]~~
		- Keep it [illegible] possible
		[signature], PAC

This Document Unknown of my medical condition must have Been misplaced by staff, Note I have also Discovered other mistakes Like this in medical File - At Olson Review on 5/13/08

Signed 5/13/08 [signature]

AZ-24

INSTITUTION	HOUSING UNIT	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
		~~[illegible]~~, SANFORD Y25176

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

EXHIBIT COVER PAGE

I

EXHIBT

Description of this Exhibit: CDC 7230 Form Reports on Progress Notes Regarding Sanford — Dated From -6/28 - 7-11-07

Case No.

Number of pages to this Exhibit __________ pages.

JURISDICTION:

EXHIBIT

I

Description: ______________________________

____

Page: ________

DATE	TIME	
6/28/07	1600	VS 105/67 O2 sat 100% P-79 T-97.1 R-18 Denies any problem except packing in nose. No bleeding noted
6/28/07	1800	ate [illegible] - [illegible] food blended.
	2022	VS 135/83 T 99.2 P-60 R 20 sat 97%
6/29	2000	Vicodin given at 1500 and at [illegible]. [signature]
1/2		
6/29/07		S: Hello Garcia"
		O: Pt. A&O x3, in no acute distress, ? c/o mild discomfort in nares from nasal packing. Medicated as per order. tolerated shower this AM
		A: Risk for injury
		P/E: will continue to monitor pt; Encourage use of call light [signature]
6/30/07		S "I am alright"
		O - Awake and alert. Ate 100% of breakfast. Nasal packing in place. C/O pain med c Vicodin # 2 tabs PO, VS - T 97.8 - P-65 - R-18 BP 114/76.
		A. Altered in comfort. [signature]

INSTITUTION: [illegible] HOUSING UNIT: [illegible] #15

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH: Sanford

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DATE	TIME	
6/30/07	08	Cont charting.
		P- Continue POC
		E- Instructed to use call light
		for medical needs. Verbalized
		understanding ——— Ellison
6/30/07	1800	Pt A&O - Ate 90% of dinner. c/o Pain rated 10/10 - Vicodin
		II tabs given. Nasal Packing intact - no signs of fresh
		blood. V/S stable. ——— E. Williams LVN
7-1-07	0800	S- I'm alright
		O- A&Ox4, NAD. No SOB noted. Drsg to nares present, intact,
		dry. D/P denies problems. A- Alt in comfort R/T nasal packing
		No episodes of epitaxis or D/P swallowing blood.
		P- Cont c POC. Monitor any signs of epitaxis
		E- Inst I/M not to remove packing; avoid blowing nose
		which will ↑ bleeding. ——— [illegible] RN
		I/m verbalized understanding ——— [illegible] RN
7/1/07	1910	Pt c/o pain - medicated with Vicodin @ 1540 - V/S stable -
		ate 90% of dinner. wt 173 lbs. nasal packing intact - ⊘
		sign of bleeding. ——— E. Williams LVN
7-2-07	0800	S- "I'm alright" - O - awake, alert, denies pain c this time.
		No episodes of epitaxis, hemoptysis. Nasal packing still intact
		A- Alt in comfort P- Cont c POC. E- Instructed to report medical
		problems ——— [illegible] RN

INSTITUTION: Cal

HOUSING UNIT: OHU #15

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH: V25176 SANFORD, R

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DATE	TIME	
7/3/07	0800	OTM pt left pren to 2nd wd.
7/3/07	1300	(S) Pt returned from off site appt. No packing in nostril c/o pain. Instructed that he will receive pain medication as ordered (S) "I really hurt". A+Ox4. VS STABLE 130/76 P80 R20 T98.2 (A) alteration in comfort. (P) Medicate as ordered Continue POC (E) Instructed to report any nasal bleeding or ↑ pain.
7/4/07	@ 0900	(S) "I need something for this pain." (O) Very minimal swelling noted to nose. Stated is still coughing up blood tinged sputum. VS 99.7-80-16 99% O2 sat 148/105. Instructed to DBS & C W/ medication c/ breathing by doing a open jaw. (A) Alt. in comfort as evident by verbal c/o pain (P) Continue POC, pain medicine given (E) Report increase in pain to provider or Nasal bleeding immediately to staff.
7/5/07	0800	S "No more bleeding" O A+Ox3. States Hgb ↓ 9.7. reports to D Lewis given by RN Carson. No c/o weakness or lightheaded. A Alt. in comfort R/T pain P- Continue POC E- Instructed to report any bleeding

INSTITUTION Cal

HOUSING UNIT #15

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
Sanford
V25176

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

TIME	
3:07	I/P arrived from a consultation c̄ Dr. Weeks. Pt in stable condition VS 119/74 · 79 · 18 · 99% RA 98.9/oral. Pt has Rx for meds, given to RN Sanchez. I/P is housed in OH @ this time. ∅ bleeding from nares, throat or eyes [signature]

BRIAN H WEEKS, M.D.
Head and Neck Surgery • Facial Plastics and Reconstruction
Disorders of the Ears, Nose and Throat
TELEPHONE (619) 229-4902
FAX (619) 229-4938
ROAD, SUITE 4000
IFORNIA 92120

DATE 7/5/07

NAME Sanford, Robert

ADDRESS

℞ - Vicodin i - ii po q 4-6° prn #30

- Medrol DP #one
Take as directed

SENTA CLINIC

REFILL ∅ TIMES

[signature] M.D.

DEA NO. BW7680021

...UTION	HOUSING UNIT	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
...e SP	OH #15	Sanford V25176

INTERDISCIPLINARY PROGRESS NOTES

...7230 (Rev 04/03)
...E OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DATE	TIME	
7/13/07	0500	I/p scheduled for Plastic Dr. Weeks this AM -
		V/S BP 124/78 - HR 75 - Resp 18, Temp 97.2 - O2 SAT 100%
		Nasal packing intact, no drainage noticed at present
		Stable for transport - to Alvarado Hosp, [illegible]
		or SOB at present [signature]
7/4/07	2000 -	V/S BP 128/84 P 88 R 20 T. 99.1 - [illegible] - in NAD. voiced no
		complaints. [illegible] reported. Ate 100% dinner.
		medicated c Vicodin [illegible] P.O. @ 1930 hr c good results.
		Will continue monitor for Δ's in condition. [signature]
7-08-07		S c/o of Pain to back of his Throat
		O - A+Ox3, gave Vicodin i Po for Pain 7/10
		A Alteration in discomfort related To pain in throat
		P Continue to Monitor for pain and bleeding from nose, throat
		E instruct pt to call c change of condition [signature]

INSTITUTION: CalSP

HOUSING UNIT: 0-4W #15

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

V25176

SanFord, R

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DATE	TIME	
7/6/07	Noon	S: Hx as per prior notes. I never received a call back from Dr Weeks' office yesterday. Pt states has had minimal old blood in his sputum since yesterday. No acute symptoms expressed. Eating ok. Urinating + defecating s̄ problems now.
		O: T=99.2 P=62 O2 Sat 97.99 BP=124/71 R=16
		Nose – s̄ fresh or old blood in either nares;
		Throat – uvuloplasty site + tonsillar fossae c̄ resolving fibrinous post op exudates s̄ fresh or old blood over areas;
		No PND or bleeding down the retropharynx
		Bedside cup – minimal small (< dime size) old dark blood intermixed c̄ saliva (~3 globs of blood-old);
		A: Stable S/P Post op bleed following multiple naso-oral procedures for OSA / chronic sinusitis / septoturbinate deformity
		P: Observe further
		E: Pt advised of above findings + is agreeable to proceed as outlined.
		[signature]

INSTITUTION	HOUSING UNIT	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
CMC	OHU – #15	SANFORD V25176

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DATE	TIME	
7/5/07	1850	Pt c/o pain 7/10. Vicodin ii tab P.O. given to Pt. Will continue monitor. [signature] RN
7/5/07	2000	Pt voiced c/o pain. Relieved c vicodin. Ready bed. Pt took i can of boost nut. supplement as ordered. Will continue monitoring. [signature] RN
7-6-07	0800	Pt c/o nasal pain. Ø other complaints. Ø hemorrhage. A&O×4. Resp even & unlabored. Skin W/D/N. Able to ambulate s difficulty, weight @ 176. Alteration in comfort. Continue meds as prescribed. Boost for weight gain. States
7-6-07	0800	"I need my pain pills" c/o pain this am. Pt[illegible] [illegible] of throat + nose. No [illegible]. No active bleeding present. Vicodin po given - Alt in comfort as evident by verbal complaint - Continue POC of pain management. Monitor for bleeding. Pt instructed to report any changes esp bleeding to staff. [signature]
7/6/07	2000	Pt voiced ø c/o pain. Ate 100% dinner + 1 can boost nutritional supplement as ordered. ø nasal bleeding reported. Will continue monitoring. [signature] RN
7/7/07	0800	"I need my pain pill" Vicodin i po given [illegible] Alt in comfort. Continue POC. Report bleeding. Instructed to call for pain medication. [signature]
7/7/07	2000	Pt ate 100 dinner + 1 can boost N. supplement. Ø nasal bleeding reported. Medicated @ 1630 hr c 1 vicodin P.O. for pain c good results. Will cont monitoring. [signature] RN

INSTITUTION: CAC SP

HOUSING UNIT: O[illegible] #15

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Sanford
V25176

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DATE	TIME	
7/8/07	2105	A & O - c/o Pain - Vicodin i tab given. V/S stable - ate 90% of dinner. Ø Sign of bleeding. — E. Williams LVN
		PA young D/c Vicodin on 7/9/07 after afternoon dose - thereafter motrin 600 mg — E. Williams LVN
7-09-07	0900	S c/o of Pain refused Motrin, gave ī Vicodine for Pain
		O No S/S of distress, refused Vital
		A No S/S of bleeding, Very argumentative [illegible]
		P Continue to Monitor Vital per Md.
		E Instruct pt to Call with Change of Condition E. Stepp RN
7-10-07	0700	S C/o of pain
		O VS - 98.3 - 20 - 75 - 115/74 - SpO2 98% A+Ox3 no distress noted
		A Alteration in discomfort related to c/o of pain to throat
		P Continue to Monitor Vital per Md order
		E Instruct Pt to Call c̄ change of Condition E Stepp RN
7/11/07	at 0700	pt transferring at this time c̄ custody. Going to Ironwood. Stable Condition [signature]

INSTITUTION: CAL SP

HOUSING UNIT: OHU #15

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH: Sanford V25176

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

	TIME	
-11-07	1230	New arrival to ISP from CAL.
		History of nasal polyps and
		tonsils removed June 18, 2007.
		Patient discharged from CAL infirmary
		on July 10, 2007 per patient. Dr. Lind
		aware. patient to be seen on MD
		line July 12, 2007 C-yard. Called
		C-yard spoke with Rn. Pratt. No
		orders to pharmacy. M. Rainer Rn –

INSTITUTION: ISP

HOUSING UNIT: C1

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Sanford. R.

V-25176

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

ORIGINAL

EXHIBIT COVER PAGE J

EXHIBT

Description of this Exhibit: CDC 7281 Form

Case No. Dates are From 6-27-07 - 7-9-07 In unsequential manner Do To CAL Patricia Filing System For Distributing medication

Number of pages to this Exhibit __________ pages.

JURISDICTION:

EXHIBIT

J

Description: ______________________________

____

Page: ________

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

ALLERGIES:

START DATE & TIME	STOP DATE & TIME	MEDICATION	DATE / TOUR/WATCH	7/5 TIME GIVEN INJ. CODE & INIT'LS	7/6 TIME GIVEN INJ. CODE & INIT'LS	7/7 TIME GIVEN INJ. CODE & INIT'LS	7/8 TIME GIVEN INJ. CODE & INIT'LS	7/9 TIME GIVEN INJ. CODE & INIT'LS	7/9 TIME GIVEN INJ. CODE & INIT'LS	7/10 TIME GIVEN INJ. CODE & INIT'LS
6/27	7/20	Ceftin 250mg i QD x 20	11-7							
			7-3	08	0730	08	08 Ew	08/Ew	07/Ew	
			3-11							
6/27	7/27	Flunisolide Nasal Spray 2 sprays each nostril Q12° PRN	11-7							
			7-3							
			3-11							
7/3	7/6	Vicodin i-ii Q4-6° PRN x 3 D	11-7		0030	D/C		see next page		
			7-3	1270	2 tabs 0756					
			3-11	1850 JZ	1430					
6/27	7/7	Benadryl 25mg i cap Q6° PRN	11-7							
			7-3		0757					
			3-11		20					
7/1	7/7	Tyl. 650mg Q4° > 101.4 PRN	11-7							
			7-3							
			3-11							
7/2	7/7	Lidocaine Vis. Swish & swallow TID/QID PRN x 5 D	11-7							
			7-3		08 0900	08	08 1700 Ew	08 Ew	08/Ew	
			3-11			Ew 2005				
7/5	7/10	Boost TID T Can 08-13-20 x 5 D V.wt.	11-7							
			7-3	08 13	08	08	1300 Ew 08 Ew	08 1300 Ew	08/Ew refused	X
			3-11	20 JZ	20	Ew 20	Ew 20			X

INJECTION SITE CODES:
(1) RIGHT UPPER OUTER QUADRANT (6) LEFT THIGH
(2) LEFT UPPER OUTER QUADRANT (7) RIGHT ABDOMINAL
(3) RIGHT DELTOID (8) LEFT ABDOMINAL
(4) LEFT DELTOID (9) RIGHT VENTRAL GLUTEUS
(5) RIGHT THIGH (10) LEFT VENTRAL GLUTEUS

INSTITUTION: Cal Sp
PHYSICIAN: Thomas
ROOM NO. 15

TRANSCRIBED BY: [signature] CHECKED BY: RN

INITIALS	SIGNATURE	INITIALS	SIGNATURE
Ew	E [signature]	JR	J Kaneva RN
		Ca	C Ay LVN

CDC NUMBER, NAME (LAST, FIRST, MI)
Sanford
V25176

CDC 7231 (4/90) **INPATIENT MEDICATION RECORD**

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

ALLERGIES:

START DATE & TIME	STOP DATE & TIME	MEDICATION	DATE / TOUR/ WATCH	7/6/07 TIME GIVEN INJ. CODE & INIT'LS	7/7/07 TIME GIVEN INJ. CODE & INIT'LS	7/8/07 TIME GIVEN INJ. CODE & INIT'LS	7/9/07 TIME GIVEN INJ. CODE & INIT'LS	7/10/07 TIME GIVEN INJ. CODE & INIT'LS	7/11/07 TIME GIVEN INJ. CODE & INIT'LS	/ / TIME GIVEN INJ. CODE & INIT'LS
7/6/07	7/09 ⓓ 1900	Vicodin ī tab Q6° PRN x 5 days	11-7							
			7-3		8/m	08 Eu	08/Eu	dcd 7-09-07		
			3-11		EW 1630	EW 1650				
7/8/07	7/13/07 ⓓ 1900	Motrin 600mg ī PO QD-TID PRN Pain x 5 days	11-7							
			7-3					08/Eu		
			3-11							
			11-7							
			7-3							
			3-11							
			11-7							
			7-3							
			3-11							
			11-7							
			7-3							
			3-11							
			11-7							
			7-3							
			3-11							
			11-7							
			7-3							
			3-11							

INJECTION SITE CODES:

(1) RIGHT UPPER OUTER QUADRANT
(2) LEFT UPPER OUTER QUADRANT
(3) RIGHT DELTOID
(4) LEFT DELTOID
(5) RIGHT THIGH
(6) LEFT THIGH
(7) RIGHT ABDOMINAL
(8) LEFT ABDOMINAL
(9) RIGHT VENTRAL GLUTEUS
(10) LEFT VENTRAL GLUTEUS

INSTITUTION: Cal SP
PHYSICIAN: Young
ROOM NO.: 15

TRANSCRIBED BY | CHECKED BY RN

INITIALS	SIGNATURE	INITIALS	SIGNATURE
Ee	E Stipp		

CDC NUMBER, NAME (LAST, FIRST, MI)
Sanford
V25176

CDC 7231 (4/90) **INPATIENT MEDICATION RECORD**

STATE OF CALIFORNIA | DEPARTMENT OF CORRECTIONS

ALLERGIES: NKA

START DATE & TIME	STOP DATE & TIME	MEDICATION	DATE / TOUR/WATCH	6/26/07 TIME GIVEN INJ. CODE & INIT'LS	6/27/07 TIME GIVEN INJ. CODE & INIT'LS	6/28/07 TIME GIVEN INJ. CODE & INIT'LS	6/29/07 TIME GIVEN INJ. CODE & INIT'LS	6/30/07 TIME GIVEN INJ. CODE & INIT'LS	7/1/07 TIME GIVEN INJ. CODE & INIT'LS	7/2/07 TIME GIVEN INJ. CODE & INIT'LS
6/26/07		Tylenol #3 ii tabs PO Q 4°-6° prn pain while awake x 3 day	11 - 7							
			7 - 3		1300	D/C				
			3 - 11	~~2100~~						
6/26/07		Tylenol 650 mg PO Q 4° prn for Temp > 101°	11 - 7							
			7 - 3							
			3 - 11							
6/26/07		If fever develops do urine culture, sputum culture, and blood cultures then notify NP Thomas for further orders	11 - 7							
			7 - 3							
			3 - 11							
6/26/07		Saline gtts ii Q 6° in nostril prn	11 - 7							
			7 - 3	Full issue						
			3 - 11							
6/26/07		Nasonex ii sprays each nostril Q 12° prn	11 - 7							
			7 - 3		Full issue					
			3 - 11							
6/26/07		Benadryl 25 mg PO Q 6° prn PO	11 - 7							
			7 - 3			[illegible]				
			3 - 11							
6/27/07		Vicodin 5/500 ii PO tid prn pain	11 - 7			~~0430~~				
			7 - 3			08 / 870				
			3 - 11		1700	~~1500~~				

INSTITUTION: CAL | PHYSICIAN: Thomas | ROOM NO.: 205

INJECTION SITE CODES:
(1) RIGHT UPPER OUTER QUADRANT
(2) LEFT UPPER OUTER QUADRANT
(3) RIGHT DELTOID
(4) LEFT DELTOID
(5) RIGHT THIGH
(6) LEFT THIGH
(7) RIGHT ABDOMINAL
(8) LEFT ABDOMINAL
(9) RIGHT VENTRAL GLUTEUS
(10) LEFT VENTRAL GLUTEUS

CDC NUMBER, NAME (LAST, FIRST, MI): Sanford V-25176

TRANSCRIBED BY | CHECKED BY RN

INITIALS	SIGNATURE	INITIALS	SIGNATURE
[illegible]	[illegible]	[illegible]	[illegible]
		[illegible]	[illegible] RN

CDC 7231 (4/90) **INPATIENT MEDICATION RECORD**

2007

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

ALLERGIES:

START DATE & TIME	STOP DATE & TIME	MEDICATION	DATE / TOUR/ WATCH	7/5/07 TIME GIVEN INJ. CODE & INIT'LS	7/6/07 TIME GIVEN INJ. CODE & INIT'LS	7/7/07 TIME GIVEN INJ. CODE & INIT'LS	7/8/07 TIME GIVEN INJ. CODE & INIT'LS	7/9/07 TIME GIVEN INJ. CODE & INIT'LS	7/10/07 TIME GIVEN INJ. CODE & INIT'LS	7/11/07 TIME GIVEN INJ. CODE & INIT'LS
6/27	7/27	Colace 250mg po daily Y30 08	11-7							
			7-3	0800 [illegible]						
			3-11							
7/3	7/6	Vicodin I-II PO Q4-6° PRN x 3d DRF	11-7	0520 2230 [illegible]						
			7-3							
			3-11							
7/3		Medrol Dose pack #1 (Use as directed)	11-7							
			7-3	[illegible]						
			3-11							
7/2		Lidocaine Viscous Swish & Swallow prn Tid-Qid x5 days	11-7							
			7-3							
			3-11							
6/28		Daily wt	11-7							
			7-3							
			3-11							
6/24		[illegible] 4 sprays Q12° prn	11-7							
			7-3							
			3-11							
6/27		Benadryl 25mg p.o. Q6° prn	11-7							
			7-3	0800 [illegible]						
			3-11							

INSTITUTION: CalSP

PHYSICIAN: Thomas

ROOM NO.: 15

INJECTION SITE CODES:

(1) RIGHT UPPER OUTER QUADRANT
(2) LEFT UPPER OUTER QUADRANT
(3) RIGHT DELTOID
(4) LEFT DELTOID
(5) RIGHT THIGH
(6) LEFT THIGH
(7) RIGHT ABDOMINAL
(8) LEFT ABDOMINAL
(9) RIGHT VENTRAL GLUTEUS
(10) LEFT VENTRAL GLUTEUS

CDC NUMBER, NAME (LAST, FIRST, MI): V25718 Sanford

TRANSCRIBED BY		CHECKED BY	
[illegible] Jordan RN			RN
INITIALS	SIGNATURE	INITIALS	SIGNATURE

CDC 7231 (4/90) **INPATIENT MEDICATION RECORD**

STATE OF CALIFORNIA June 2007 DEPARTMENT OF CORRECTIONS

ALLERGIES:

START DATE & TIME	STOP DATE & TIME	MEDICATION	DATE / TOUR/WATCH	6/27 TIME GIVEN INJ. CODE & INIT'LS	6/28 TIME GIVEN INJ. CODE & INIT'LS	6/29 TIME GIVEN INJ. CODE & INIT'LS	6/30 TIME GIVEN INJ. CODE & INIT'LS	7/1 TIME GIVEN INJ. CODE & INIT'LS	7/2 TIME GIVEN INJ. CODE & INIT'LS	7/3 TIME GIVEN INJ. CODE & INIT'LS
6/27		Augmentin 875mg 1 po BID x5 days	11 - 7							
			7 - 3		08 SB	See new MAR				
			3 - 11	20 RS						
6/28 1400	6/28 1700	Fleets enema now	11 - 7							
			7 - 3							
			3 - 11	1620 RS						
6/28 07	6/28 07	Fleets enema daily x1	11 - 7							
			7 - 3	→	08 SB	←				
			3 - 11							
6/27 07 1620	7/27 07 1620	Colace 250 mg PO daily x30d	11 - 7							
			7 - 3		08 SB	See new MAR				
			3 - 11	1620 RS						
6/27 07 1620	6/30 07 1620	BP q4° x3d & then f/u c physician	11 - 7							
			7 - 3							
			3 - 11							
			11 - 7							
			7 - 3							
			3 - 11							
			11 - 7							
			7 - 3							
			3 - 11							

INJECTION SITE CODES:
(1) RIGHT UPPER OUTER QUADRANT
(2) LEFT UPPER OUTER QUADRANT
(3) RIGHT DELTOID
(4) LEFT DELTOID
(5) RIGHT THIGH
(6) LEFT THIGH
(7) RIGHT ABDOMINAL
(8) LEFT ABDOMINAL
(9) RIGHT VENTRAL GLUTEUS
(10) LEFT VENTRAL GLUTEUS

INSTITUTION: Cal Sp

PHYSICIAN: NP Thomas

ROOM NO.: D4 15

CDC NUMBER, NAME (LAST, FIRST, MI): Sanford V25176

TRANSCRIBED BY		CHECKED BY	RN
INITIALS	SIGNATURE	INITIALS	SIGNATURE
SB	[signature]	ND	N Saudeew

INPATIENT MEDICATION RECORD

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

ALLERGIES:

START DATE & TIME	STOP DATE & TIME	MEDICATION	TOUR/ WATCH	6/28/07 TIME GIVEN INJ. CODE & INIT'LS	6/29 TIME GIVEN INJ. CODE & INIT'LS	6/30 TIME GIVEN INJ. CODE & INIT'LS	7/1 TIME GIVEN INJ. CODE & INIT'LS	7/2 TIME GIVEN INJ. CODE & INIT'LS	7/3 TIME GIVEN INJ. CODE & INIT'LS	7/4/07 TIME GIVEN INJ. CODE & INIT'LS
6/28	7/4	Vicodin 5/500 1 po Q6° prn WA x5 Day	11-7		03 [illegible]	0400 EN	0300 [illegible]	0400 OC	0400 OC	
			7-3			0930	[illegible]	1000 OC	1300 [illegible]	
			3-11	15 [illegible] 2100 CO	[illegible]	150 EW 1920	1540 EW [illegible]	1600 [illegible]		
6/28	7/4	Boost cans 1 po. TID x5D 08-13-20	11-7							
			7-3		08	08	08 13	0800 OC 1300 OC	0800 1300 EW	08
			3-11	18 20	20	EW 1620 EW 2025	EW 20 3 8	20 [illegible]	20 [illegible]	
6/28	7/4	Metamucil [illegible] 1 po. BID x5D 08-20	11-7							
			7-3		08	08	08	0800 OC	0800 refused	08
			3-11	20	20	EW 20	EW 20	20 [illegible]	Ref	
6/28		Wts Daily	11-7							
			7-3		[illegible]				175 lb	
			3-11			174.6 Lbs	173#			
6/27	7/27	Colace 250mg p.o. Daily x30 08	11-7							
			7-3	8am AM	08	08	08	0800 OC	0800/EW	08
			3-11							
6/27		Monitor BP's Q4° x 3 Days or thru provider	11-7							
			7-3		08					
			3-11	1600 20		20 EW				
6/27	7/3	Augmentin 875mg po. BID x5D 08-20	11-7							
			7-3	8am AM	08	08	08	0800 OC		
			3-11	20	20	EW 20	EW 20	20 [illegible]		

INSTITUTION: Cal

PHYSICIAN: [illegible]

ROOM NO. 15

INJECTION SITE CODES:

(1) RIGHT UPPER OUTER QUADRANT
(2) LEFT UPPER OUTER QUADRANT
(3) RIGHT DELTOID
(4) LEFT DELTOID
(5) RIGHT THIGH
(6) LEFT THIGH
(7) RIGHT ABDOMINAL
(8) LEFT ABDOMINAL
(9) RIGHT VENTRAL GLUTEUS
(10) LEFT VENTRAL GLUTEUS

TRANSCRIBED BY [signature]

CHECKED BY RN

INITIALS	SIGNATURE	INITIALS	SIGNATURE
EW	E. Wilson	[illegible]	[signature] LVN
[illegible]	[signature]	[illegible]	E. [illegible]

CDC NUMBER, NAME (LAST, FIRST, MI)

~~Sandford~~
SANFORD
V25176

CDC 7231 (4/90) **INPATIENT MEDICATION RECORD**

STATE OF CALIFORNIA | DEPARTMENT OF CORRECTIONS

ALLERGIES:

START DATE & TIME	STOP DATE & TIME	MEDICATION	DATE / TOUR/WATCH	6/28 TIME GIVEN INJ. CODE & INIT'LS	6/29 TIME GIVEN INJ. CODE & INIT'LS	6/30 TIME GIVEN INJ. CODE & INIT'LS	7/1 TIME GIVEN INJ. CODE & INIT'LS	7/2 TIME GIVEN INJ. CODE & INIT'LS	7/3 TIME GIVEN INJ. CODE & INIT'LS	7/4 TIME GIVEN INJ. CODE & INIT'LS
6/26		Nasonex #1 spray each nare Q12° prn 09-21	11 - 7							
			7 - 3	not used [illegible] packing in	[illegible]	08 [illegible]				
			3 - 11							
6/29		Saline Spray 4 spray Q6° in nostrils 06-12-18-24	11 - 7	To keep packing moist				2400/OC 0600/OL	NO packing	
			7 - 3		[illegible]	08 [illegible]		1200/OC	D/C'd [illegible]	
			3 - 11	18/[illegible]		FW 1430	FW 1840			
6/27		Benadryl 25mg p.o. Q6° prn	11 - 7							
			7 - 3	08 [illegible]		08 [illegible]	08			
			3 - 11	20 [illegible]	20					
6/26		Tylenol 650mg p.o. Q4° prn If has temp >101	11 - 7							
			7 - 3							
			3 - 11							
6/26		Refer to Provider + DO UA, BC + Sputum culture	11 - 7							
			7 - 3							
			3 - 11							
6/29/07	6/30/07	Dulcolax Supp i PR today	11 - 7							
			7 - 3		1100 [illegible]					
			3 - 11							
7/2/07	7/7/07	Lidocaine Viscous swish/swallow TID - QID x 5 days	11 - 7							
			7 - 3					[illegible]	[illegible]	[illegible]
			3 - 11							

INSTITUTION: [illegible]

PHYSICIAN: [illegible]

ROOM NO.: 5

INJECTION SITE CODES:

(1) RIGHT UPPER OUTER QUADRANT
(2) LEFT UPPER OUTER QUADRANT
(3) RIGHT DELTOID
(4) LEFT DELTOID
(5) RIGHT THIGH
(6) LEFT THIGH
(7) RIGHT ABDOMINAL
(8) LEFT ABDOMINAL
(9) RIGHT VENTRAL GLUTEUS
(10) LEFT VENTRAL GLUTEUS

CDC NUMBER, NAME (LAST, FIRST, MI): Sanford V28176

TRANSCRIBED BY: [illegible]

CHECKED BY: RN

INITIALS	SIGNATURE	INITIALS	SIGNATURE
[illegible]	[illegible]	[illegible]	[illegible] LVN
E.	E. [illegible]		[illegible] LVN

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTI[ONS]

INPATIENT MEDICATION RECORD (Continued from reverse)

CDC 7231 (4/90)

6/30/07 1720 Pt c/o Pain 10/10 - Vicodin ii given —— T. Williams

7/1/07 1540 Pt c/o Pain Rate 10/10 Vicodin ii given —— T. Williams L

1630 - Pt is feeling better —— T. Williams L[VN]

CALIPATRIA STATE PRISON PHARMACY
7018 BLAIR ROAD, CALIPATRIA, CA 92233-6001
PHONE: (760) 348-7000 EXT. 6440
V-25176 IN-015S
SANFORD, R RPH: DS MFG: SA
DR: YOUNG QTY: 15
RX: 613254-0
RESOURCE NUT D.O.T. 240
[redacted] DRINK 1 CAN THREE TIMES
DAILY FOR 5 DAYS
START: 06/29/07 STOP: 07/04/07
CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM PRESCRIBED.

CALIPATRIA STATE PRISON PHARMACY
7018 BLAIR ROAD, CALIPATRIA, CA 92233-6001
PHONE: (760) 348-7000 EXT. 6440
SANFORD, R V-25176 IN-015S
DR: YOUNG RPH: DS MFG: KN
RX: 613255-0 QTY: 0
VICODIN TABLETS
TAKE 2 TABS EVERY 6 HOURS
AS NEEDED WHILE AWAKE
START: 06/29/07 STOP: 07/04/07
CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM PRESCRIBED.

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

INPATIENT MEDICATION RECORD (Continued from reverse)

CDC 7231 (4/90)

CALIPATRIA STATE PRISON PHARMACY
7018 BLAIR ROAD, CALIPATRIA, CA 92233-6001
PHONE: (760) 348-7000 EXT. 5440

IN-015S V-25176

MFG: SE RPH: DS

QTY: 10

SANFORD, R

DR: YOUNG

RX: 613256-0

METAMUCIL PAKETS

USE 1 PACKET IN 8OZ WATER

TWICE DAILY

STOP: 07/04/07 START: 06/29/07

CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM PRESCRIBED.

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

ALLERGIES:

START DATE & TIME	STOP DATE & TIME	MEDICATION	DATE / TOUR/ WATCH	TIME GIVEN INJ. CODE & INITLS	TIME GIVEN INJ. CODE & INITLS	TIME GIVEN INJ. CODE & INITLS	TIME GIVEN INJ. CODE & INITLS	TIME GIVEN INJ. CODE & INITLS	7/31	7/4/07
7/3		Vicodin 5-1/1 p.o. Q 4-6° PRN x 3d #30 ØRT	11 - 7							~~2520~~
			7 - 3	→	→	→	→	→	to	0930
			3 - 11	→	→	→	→	→	1945	1930
7/3		Medrol Dose Pack # 1 Use as Directed	11 - 7							
			7 - 3	→	→	→	→	→		0800
			3 - 11	→	→	→	→	→		
7/2		Lidocaine Viscous Swish & Swallow TID-QID X5D	11 - 7							
			7 - 3	→	→	→	→	→		08
			3 - 11	→	→	→	→	→	20	1930
			11 - 7							
			7 - 3							
			3 - 11							
			11 - 7							
			7 - 3							
			3 - 11							
			11 - 7							
			7 - 3							
			3 - 11							
			11 - 7							
			7 - 3							
			3 - 11							

INJECTION SITE CODES:
(1) RIGHT UPPER OUTER QUADRANT
(2) LEFT UPPER OUTER QUADRANT
(3) RIGHT DELTOID
(4) LEFT DELTOID
(5) RIGHT THIGH
(6) LEFT THIGH
(7) RIGHT ABDOMINAL
(8) LEFT ABDOMINAL
(9) RIGHT VENTRAL GLUTEUS
(10) LEFT VENTRAL GLUTEUS

INSTITUTION Cal | PHYSICIAN | ROOM NO. 15

TRANSCRIBED BY | CHECKED BY RN

INITIALS	SIGNATURE	INITIALS	SIGNATURE
[illegible]	[illegible signature]	[illegible]	[illegible signature] RN
		[illegible]	R.[illegible]

CDC NUMBER, NAME (LAST, FIRST, MI)

Sanford
V25179

CDC 7231 (4/90) **INPATIENT MEDICATION RECORD**

DATE	TIME	TEMP	PULSE	RESP	B / P	CVP	PUPILS	HAND CLASP RT	HAND CLASP LT	COMMENTS: DEGREE OF CONSCIOUSNESS, ETC.	INITIALS
6/26/07	2300	97.8	72	20	146/76	99%		+ -	+ -		RS
6/27/07	1600	97.4	99	18	150/86	99%		+ -	+ -		RS
6/27/07	2000	97.3	82	18	130/78	98%		+ -	+ -		RS
6/27/07	2300	98.9	86	16	130/78	99%		+ -	+ -		GH
6/28/07	0400	97.5	83	16	146/72	98%		+ -	+ -		GH
6-28-07	0800	98.1	80	16	130/68	98%		+ -	+ -		DC
6/28/07	1600	97.6	80	16	103/62	100%		+ -	+ -		S
6/28/07	2000	99.?	60	16	135/73	100%	175.4	+ -	+ -	wt 175.4	S
6/28/07	2345	99.1	64	16	104/70			+ -	+ -		S
6/29/07	0300	98.8	75	16	103/70			+ -	+ -		[illegible]
6/30/07	08	97.8	80	18	114/76	100%		+ -	+ -		[illegible]
6/30/07	1529	98.1	73	20	123/73	100%		+ -	+ -	174.6 Lbs	EW
6/30/07	21	97.4	67		116/70	100%		+ -	+ -		EW
7-1-07	0810	97.4	74	18	112/73			+ -	+ -		S
7/1/07	1550	97	54	20	128/79	100%		+ -	+ -	wt 173#	EW
7/1/07	2025	97.5	79		132/66			+ -	+ -		EW
7-2-07	0800	98.0	80	18	118/77			+ -	+ -		S
7-4-07	0800	97.7	80	16	118/65			+ -	+ -		
7-6-07	2000	97.4	65	20	122/65			+ -	+ -		GA
7/7/07	1540	98.8	76	18	111/67	99%		+ -	+ -		S
7/8/07	1510	98.0	78	18	115/69	99%		+ -	+ -		EW
7-9-07	0730	Refused						+ -	+ -		
7/10/07	0700	97.7	64	18	115/76	99%		+ -	+ -		E

INSTITUTION: Celipatria PHYSICIAN: Yoruna ROOM NO. 15

CDC NUMBER, NAME (LAST, FIRST, MI): V-25176 Sanford

INITIALS	SIGNATURE	INITIALS	SIGNATURE
[illegible]	[illegible]	RS	R Sawleew
EW	E Williams LVN	GH	[illegible] Duguran
S	Gurnacle	[illegible]	[illegible]
E	E [illegible]		

VITAL SIGNS / NEURO CHECK

CDC 7304 (5/90)

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INPATIENT MEDICATION RECORD (Continued from reverse)

CDC 7231 (4/90)

7/7/07 1630 Pt c/o Pain - rated 7/10 Vicodin $\bar{i}$ given — E. Williams LVN

7/8/07 1450 Pt c/o Pain rated 5/10 Vicodin $\bar{i}$ given — E. Williams LVN

EXHIBIT COVER PAGE K

EXHIBT

Description of this Exhibit: CDC 7230 Form After arriving at Ironwood State Prison 7-12-07 seen by medical staff Regarding medical conditions

Case No.

Number of pages to this Exhibit __________ pages.

JURISDICTION:

EXHIBIT

K

Description: ______________________________

____

Page: ________

TIME	
7-12-07	New arrival - Surgery 6/18/07 @
1340	Alvarado - Deviated Septum - D/cd from
	hospital 6/24/07 on 6/26/07 had
	(S) hemmorrhaged - severe wt loss -
	D/c on 7/10 - C/O Constipation - Just
	Stopped Narcotics for pain -
	O: nasal passage swollen pink
	no drainage - or signs of infection
	swelling but able to breath -
	mouth pink - site of tonsillectomy
	healing well.
	A: S/P surgery Deviated Septum -
	polyps - & 2nd hospital stay
	for hemorrhage D/c'd on 7/10/07
	P: See Med Plan
	E: See Plan reviewed c pt.
	to clinic any change of
	Cx. Referred to ENT for
	Post op visit.

[signature] NP

P. HUSSEY
Nurse Practitioner
Ironwood State Prison - Medical

INSTITUTION: Ironwood

HOUSING UNIT:

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
V25176
~~H-42648~~
SANFORD, ROBERT
11-29-63 M B

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

EXHIBIT COVER PAGE **L**

EXHIBT

Description of this Exhibit: (Supporting Documents) Appt sheet from Dr Weeks clearly stating 2week F/u.
CDC 7202 Form 6-26-07
CDC 7362 Form 9-15-05
CDC 7362 Form 4-16 08
CDC 7371 Form 7-10-07

Case No.

Number of pages to this Exhibit __________ pages.

JURISDICTION:

EXHIBIT

L

Description: ______________________________

____

Page: ________

BRIAN WEEKS, MD F.A.C.S.
Ear, Nose, and Throat
Surgery of the Head and Neck

6645 Alvarado Road
Suite 4000
San Diego, CA 92120

Telephone: (619) 229-4902
Fax: (619) 229-4938

SENTA CLINIC

JSP

7/17/07
0830

FACSIMILE TRANSMITTAL COVER SHEET

DATE: 7/06/07

TO: Hermelinda PHONE: ______

FAX: 760-348-6032

NUMBER OF PAGES (including this page): 2

RE: Sanford, Robert V 25176

PT Needs 2 WK F/U from
last appt 7/3/07 please call
me to schedule.

CONFEDENTIALITY NOTICE: The information contained in this facsimile message is confidential information intended only for the use of the individual or entity named on the attached cover sheet. If the reader of this message is not the intended recipient, or the employee or the agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or coping of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to the sender at the above address.

(8)

SANFORD, ROBERT — JUL 0 3 2007

Patient name — Date

Allergies

BP ____
PULSE ____
RESP ____
INITIAL ____

CC: [illegible] seen in [illegible]. He has been doing [illegible] bit of nasal bleeding [illegible]. He is [illegible] bleeding any more. [illegible] early on. [illegible] dysphagia. [illegible]

Review of Systems:

	Normal			No Change
General:	[illegible]		PMH:	✓
CV:	✓			
Pulmo:	[illegible]		PSH:	✓
GI:	✓			
GU:	✓		MEDS:	Pain meds.
Endo:	✓			
Psych:	✓		SOCHX:	✓
Neuro:	✓			
Musc/Skel:	✓			

(circled) [illegible]

	Normal	Abnormal
Ears	✓	
Nose		[illegible] nasal cavity - partly removed
Mouth	✓	(B) nasal endoscopy [illegible] debridement
Throat	[illegible]	(R) large [illegible] nasal [illegible] debrided; [illegible] turbinate & septal [illegible] removed; [illegible]
Nasopharynx	} [illegible]	
Larynx		(L) large [illegible] nasal / septal [illegible] removal [illegible]; [illegible] large [illegible] removed
Parotid	✓	
Neck	✓	

Diagnosis [illegible] / [illegible] / [illegible] / [illegible] / nasal [illegible]

Referrals

Plan [illegible] / no [illegible] / gentle nasal care / [illegible]

Return appt 2 weeks.

[signature]

WP-105

ADMISSION DATE & TIME	PRIMARY LANGUAGE IF NOT ENGLISH	MODE OF TRANSFER	VITAL SIGNS	HEIGHT INCHES	WEIGHT LBS	MEASURE
6/26/07 2100		☐ AMBULATORY	PULSE		180	☐ STAN
		☐ WHEELCHAIR	BLOOD PRESSURE 109/82	☐ STATED		☐ CHAI
	☐ SIGN LANGUAGE	☒ GURNEY	RESPIRATORY / TEMP.	☐ MEASURED	☐ STATED	☐ BED

ADMITTING DIAGNOSIS Nose Bleed

INSTRUCTION OF ROUTINES AND SERVICES TO PATIENT

☒ NURSE CALL SYSTEM ☒ HOSPITAL RULES & REGULATIONS ☒ TELEPHONE ☒ BATHROOM

☒ BED ☒ SIDE RAILS ☒ SMOKING POLICY ☒ TELEVISION ☒ PERSONAL PROPERTY

REASON FOR ADMISSION (PRIMARY SIGNS / SYMPTOMS, CHIEF COMPLAINT, HISTORY OF PRESENT ILLNESS, PERCEPTION OF ILLNESS / TREATMENT / GOALS)

PRESENT COMFORT LEVEL ☐ NO APPARENT DISTRESS

C/O nasal/throat pain

CHRONIC HEALTH PROBLEMS (INCLUDE HOSPITALIZATIONS)

SURGERIES

S/P Septoplasty / Tonsilectomy 6/1967

PSYCHO/SOCIAL ☒ ANXIETY ☐ TERMINAL DIAGNOSIS ☐ FAMILY PROBLEM ☐ SUICIDE THREAT ☐ ANGER ☐ WITHDRAWN ☐ HISTORY OF MENTAL ILLNESS

COMMENTS:

ALLERGIES

☒ NONE ☐ MEDICATION

CURRENT MEDICATION (PRESCRIBED / NON-PRESCRIBED)

MEDICATION	DOSAGE	FREQUENCY	LAST DOSE	MEDICATION	DOSAGE	FREQUENCY	LAST D

NUTRITION ☒ DENIES PROBLEM ☐ POOR APPETITE ☐ DIFFICULTY CHEWING ☐ DIFFICULTY SWALLOWING

DENTURES ☐ NO ☐ YES ☐ PARTI

RECENT DIETARY RESTRICTIONS

Denies

FOOD INTOLERANCE

Denies

PERSONAL HABITS TYPE / AMOUNT PER DAY ☐ DENIE

☐ CAFFEINE BEVERAGES

☐ ALCOHOL / DRUGS

☐ TOBACCO

FACILITY CAL

PHYSICIAN Thomas

ROOM NO. 2

CDC NUMBER, NAME (LAST, FIRST, MI)

Sanford, Robert

V25176

dob 4-29-63

ADMISSION ASSESSMENT

CONTINUED ON REVERSE

NEUROLOGICAL STATUS

LEVEL OF CONSCIOUSNESS

- [x] ALERT
- [x] ORIENTED
- [ ] DISORIENTED
- [ ] CONFUSED
- [ ] SLOW TO RESPOND / COMPREHEND
- [ ] LETHARGIC
- [ ] HISTORY OF SEIZURES

SENSORY LIMITATIONS

- [x] NONE NOTED
- [ ] TASTE
- [ ] TOUCH
- [ ] SPEECH
- [ ] SMELL
- [ ] SIGHT
- [ ] HEARING

	IF PATIENT USES		IF WITH PATIENT
GLASSES	[ ]		[ ]
CONTACT LENSES	[ ] RIGHT	[ ] LEFT	[ ]
HEARING AID	[ ] RIGHT	[ ] LEFT	[ ]

RESPIRATORY

- [x] NORMAL LIMITS (RATE)
- [ ] ACCESSORY MUSCLES
- [ ] DSYPNEA
- [ ] ORTHOPNEA
- [ ] COUGH
- [ ] ABNORMAL BREATH SOUNDS
- [ ] SEASONAL BREATHING DIFFICULTIES
- [ ] OXYGEN
- [ ] NASAL FLARING
- [ ] TRACHEOSTOMY
- [ ] SECRETIONS
- [ ] OTHER

CARDIOVASCULAR

- [x] REGULAR RHYTHM
- [x] RATE WITHIN NORMAL LIMITS
- [ ] ABNORMAL HEART SOUNDS
- [ ] ABNORMAL PULSES
- APICAL / RADIAL / PEDAL
- [ ] PACEMAKER
- [ ] JUGULAR VEIN DISTENTION
- [ ] CALF TENDERNESS
- [ ] OTHER

ELIMINATION

BLADDER

- [x] DENIES PROBLEM
- [ ] NOCTURIA
- [ ] BURNING
- [ ] URGENCY
- [ ] URINARY INCONTINENCE
- [ ] OTHER
- URINARY FREQUENCY ____
- [ ] CATHETER: ____
- DATE PLACED ____

BOWEL

- [x] DENIES PROBLEM
- USUAL BOWEL PATTERN ____
- LAST BM ____
- [ ] LAXATIVE USE (LIST UNDER MEDICATION)
- [ ] OTHER AIDS ____
- [ ] OSTOMY - TYPE ____

FUNCTIONAL STATUS (LEVEL OF SELF CARE)

MOBILITY LIMITATIONS

- [x] NO LIMITATIONS
- [ ] WALKING
- [ ] TRANSFER
- [ ] TURNING IN BED
- [ ] STAIRS
- [ ] STANDING
- [ ] GENERALIZED WEAKNESS
- [ ] OTHER

DEVICES TO AID MOBILITY

	IF PATIENT USES	IF WITH PATIENT
[x] NONE		
CANE / CRUTCHES / WALKER	[ ]	[ ]
ARTIFICIAL LIMBS [ ] R [ ] L	[ ]	[ ]
BRACE	[ ]	[ ]

WEAKNESS/PARALYSIS

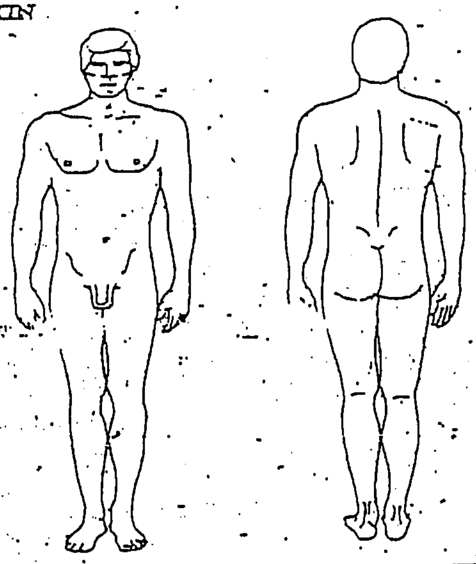
- [ ] UPPER EXTREMITY [ ] R [ ] L
- [ ] LOWER EXTREMITY [ ] R [ ] L

ASSISTANCE REQUIRED

- [ ] HYGIENE / GROOMING
- [ ] DRESSING
- [ ] MEALS
- [ ] OTHER

SKIN

- [x] NORMAL TURGOR, TEMPERATURE & COLOR
- [x] INTACT, MOIST MUCOUS MEMBRANES
- [ ] EDEMA
- [x] DRY
- [ ] DIAPHORETIC
- [ ] JAUNDICED
- [ ] SCALY
- [ ] CYANOTIC
- [ ] FLUSHED
- [ ] PALE
- [ ] RASH
- [x] OTHER Bruises, Swelling [illegible]



SKIN ASSESSMENT CODE

- [x] NO PROBLEM
- B - BRUISES
- D - DECUBITIS
  - GRADE I II III IV (CIRCLE)
- L - LACERATIONS
- S - SCAR
- R - RASH
- A - ABRASIONS
- BU - BURN

Handwritten notes (right column):

Received I/M
s/p Tonsillectomy
Sept [illegible] 6/11/07
Had packs removed
to [illegible] 6/22/07
5 incident Moving
[illegible] to [illegible] c̄
Screw [illegible] drug
2° Bleeding and
Sneezy. Admitted
and pressure
applied c̄ ice
pack. HOB↑
Airway patent.
No [illegible] or
[illegible]

SIGNATURE [signature] RN

FACILITY CRC

PHYSICIAN [signature]

ROOM NO.

CDC NUMBER, NAME (LAST, FIRST, MI)

ADMISSION ASSESSMENT

CONTINUED FROM REVERSE

CDC 7202 (4/93)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

№ 180643

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME: Robert Sanford
CDC NUMBER: V25176
HOUSING: C-3 122
PATIENT SIGNATURE: [signature]
DATE: 9/16/05

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) my Tonsils are very sore And causing me A lot of discomfort (especially at nite.) my last perscribed medication did not solve my problem. (Ciprofloxacin)

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: **Received by:**

Date / Time Reviewed by RN: **Reviewed by:**

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

#1 states he has family history about colon cancer request colonoscopy.

#2 Tooth extraction

O: T: P: R: BP: WEIGHT:

Continue taking medication given by Dentist

A:

P:

☐ **See Nursing Encounter Form**

E:

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) ☐ URGENT (WITHIN 24 HOURS) ☐ ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP: DATE OF APPOINTMENT:

COMPLETED BY NAME OF INSTITUTION

PRINT / STAMP NAME: [handwritten name] SIGNATURE / TITLE: [signature] DATE/TIME COMPLETED: 10/11/05 1030

/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
Robert Sanford	V-25176	D-3 206L
PATIENT SIGNATURE: [signature]		DATE: 4-16-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

Im having Constant head aches and irregular Throat Swelling. And PAIN.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 04-17-08 @ 0824	**Received by:** E Graham RN
Date / Time Reviewed by RN: 04-17-08 @ 0824	**Reviewed by:** E Graham RN

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

O: T: P: R: BP: WEIGHT: 184

Walking talking Ø signs of distress Reducate for tomorrow

A:

P:

☒ See Nursing Encounter Form URI / Rhinitis / Pharyngitis

E:

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) ☐ URGENT (WITHIN 24 HOURS) ☐ ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP:	DATE OF APPOINTMENT:
COMPLETED BY: E. GRAHAM Registered Nurse Ironwood State Prison - Medical	NAME OF INSTITUTION: Ironwood
PRINT / STAMP NAME	SIGNATURE / TITLE: Elizabeth Graham RN — DATE/TIME COMPLETED: 04-17-08 @ 1225

CDC 7362 (Rev. 03/04) Original - Unit Health Record Yellow - Inmate (if copayment applicable) Pink - Inmate Trust Office (if copayment applicable) Gold - Inmate

857417

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
Robert Sanford	V-25176	A-3 248[2]
PATIENT SIGNATURE		DATE
[signature]		6/7/07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I have A "Follow up" issue concerning my Sinus And Tonsil problem, I've been having A difficult time Breathing And swallowing, I Am Scheduled For Surgery but my problem seems to be escalating.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 6/7/07 2045	**Received by:** [signature] LVN
Date / Time Reviewed by RN: 6/8/07	**Reviewed by:** [signature]

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

"I dont wanna be seen by no nurse"

O: T: P: R: BP: WEIGHT:

Ø signs of distress noted

A:

P: Schedule c̄ PCP accordingly

☐ **See Nursing Encounter Form**

E: RTC PRN

APPOINTMENT SCHEDULED AS:	EMERGENCY (IMMEDIATELY) ☐	URGENT (WITHIN 24 HOURS) ☐	ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP:	DATE OF APPOINTMENT:	
COMPLETED BY: S Oran	NAME OF INSTITUTION: Cal SP	
PRINT / STAMP NAME: S Oran	SIGNATURE / TITLE: [signature]	DATE/TIME COMPLETED: 6/11/07

CDC 7362 (Rev. 03/04) Original - Unit Health Record Yellow - Inmate (if copayment applicable) Pink - Inmate Trust Office (if copayment applicable) Gold - Inmate

REFUSAL OF EXAMINATION AND / OR TREATMENT

PATIENT NAME (TYPE OR PRINT CLEARLY)	CDC NUMBER	INSTITUTION
SANDFORD, ROBERT	V25176	Cal SP

Having been fully informed of the risks and possible consequences involved in refusal of the examination and/or treatment in the manner and time prescribed for me, I nevertheless refuse to accept such examination and/or treatment. I agree to hold the Department of Corrections, the staff of the medical department and the institution free of any responsibility for injury or complications that may result from my refusal of this examination and/or treatment, specifically:

Describe the examination and/or treatment refused as well as the risks and benefit of the intervention:

"I dont wanna see no nurse"

Sanford's own comments I Requested To see A Qualified Doctor or Practitioner NOT A R/N For A Follow up Diagnosis.

ORIGINAL

PATIENT SIGNATURE	DATE	☐ PATIENT REFUSES TO SIGN	DATE
R. S.	6/11/07		

WITNESS

NAME OF WITNESS (PRINT/TYPE)		NAME OF WITNESS (PRINT/TYPE)	
S. Ortiz			
WITNESS SIGNATURE	DATE	WITNESS SIGNATURE	DATE
[signature]	6/11/07		

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

SANDFORD, ROBERT
V25176

REFUSAL OF EXAMINATION AND / OR TREATMENT

CDC 7225 (Rev 04/03)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DENTAL MEDICAL/MENTAL HEALTH INFORMATION TRANSFER-SENDING INSTITUTION
CDC 7371 (Rev. 03/04)

☐ NEEDS IMMEDIATE ATTENTION

☐ Medical and Return ☐ Psychiatric and Return ☐ Return from Medical and Return

SENDING INSTITUTION	INMATE NAME	CDC NUMBER
Cal	Sanford, R.	V25176

Allergies: | No known allergies ☐

SIGNIFICANT MEDICAL / DENTAL / MENTAL HEALTH PROBLEMS / COMMENTS

(e.g. suicide attempts, dental needs, special diet, pending or incomplete consults, laboratory tests, x-rays)	Chronic Care Program (List type)	Date of Last Visit

Date of Last Physical: 4-29-04 Keyhea ☐

Mental Health Level of Care ☒ None ☐ CCCMS ☐ EOP ☐ MHCB Suicide History ☐ Yes ☑ No

Prosthetic device? ☐ Yes ☑ No Type:

Medical Hold Initiated? ☐ Yes ☑ No Reason:

Medical Chronos reviewed? ☑ Yes ☐ No | Type of Medical Chrono: 128-C | TB alert code: 22

MEDICATIONS PRESCRIBED

Medication Administration Recorded Attached ☑ Yes ☐ No | Pharmacy Profile Attached ☑ Yes ☐ No

Name of Medication (including TB)	Dose	Route	Frequency	Start Date	Stop Date	Heat Risk Med
Colace 250mg	250	PO	daily			
Boost 1 CAN	1 CAN	PO	TID			
Lidocaine Viscous	—	—	-			
Benadryl 25mg	25mg	PO	Q6H PRN			
Motrin 600mg	600mg	PO	TID PRN			

DIAGNOSTIC TESTS PERFORMED

Is inmate pregnant? ☐ Yes ☒ No ☐ EDC ______

Tuberculosis
PPD Test 0 mm Date Read 4/04

Chest X-ray
☒ Normal ☐ Abnormal Date Read 5-04-04

Disability (See CDC 1845)

DPW ☐ DPS ☐
DPV ☐ DPM ☐
DPH ☐ DPO ☐

Developmental Disability

DDI ☐ DD2 ☐
DDIA ☐ DD3 ☐

MISC TESTS (*Check each box that applies to inmate*)

RPR/VDRL: ☐ Reactive ☒ Non-reactive Treated? ☐ Yes ☐ No Date treated:______

Hepatitis: ☐ Positive ☒ Negative Type:______ Treated? ☐ Yes ☐ No Date treated:______

Other screening test results & date	Other Laboratory Data

Pending Medical/Mental Health Appointments	Date
☐ Chronic Care	
☐ Specialty	
☐ Telemedicine	
☐ Other	

Attachments ☐ Yes ☒ No

Special Transport Instructions
— Universal Precautions

COMPLETED BY SENDING INSTITUTION RN (Print/Stamp Name)	SIGNATURE / TITLE / DATE / TIME
J. Zamora, RN	[signature] RN 7/10/07 11:10
REVIEWED BY RECEIVING INSTITUTION RN/MTA/LPT (Print/Stamp Name)	**SIGNATURE / TITLE / DATE / TIME**
	M. RAINER Registered Nurse Ironwood State Prison - Medical
	RECEIVING INSTITUTION

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
V25176 Sanford, R.

ORIGINAL - RECEIVING INSTITUTION
CANARY - SENDING INSTITUTION

JS44

(Rev. 07/89)

CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE SECOND PAGE OF THIS FORM.)

FILING FEE PAID Yes___ No ✓ — IFP MOTION FILED Yes___ No___ — COPIES SENT TO Court___ Prose___

FILED JUN 11 2008 CLERK, U.S. DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA BY ___ DEPUTY

I (a) PLAINTIFFS

Robert Lionel Sanford

DEFENDANTS

Doe, et al

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF Riverside
(EXCEPT IN U.S. PLAINTIFF CASES)

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

Robert Lionel Sanford
PO Box 2199
Blythe, CA 92226
V-25176

ATTORNEYS (IF KNOWN)

'08 CV 1049 H PCL

II. BASIS OF JURISDICTION (PLACE AN x IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III

III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX (For Diversity Cases Only) FOR PLAINTIFF AND ONE BOX FOR DEFENDANT

	PT	DEF		PT	DEF
Citizen of This State	☐1	☐1	Incorporated or Principal Place of Business in This State	☐4	☐4
Citizen of Another State	☐2	☐2	Incorporated and Principal Place of Business in Another State	☐5	☐5
Citizen or Subject of a Foreign Country	☐3	☐3	Foreign Nation	☐6	☐6

IV. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY).

42 U.S.C. 1983

V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

CONTRACT
- ☐ 110 Insurance
- ☐ Marine
- ☐ Miller Act
- ☐ Negotiable Instrument
- ☐ 150 Recovery of Overpayment &Enforcement of Judgment
- ☐ 151 Medicare Act
- ☐ 152 Recovery of Defaulted Student Loans (Excl. Veterans)
- ☐ 153Recovery of Overpayment of Veterans Benefits
- ☐ 160 Stockholders Suits
- ☐ Other Contract
- ☐ 195 Contract Product Liability

REAL PROPERTY
- ☐ 210 Land Condemnation
- ☐ 220 Foreclosure
- ☐ 230 Rent Lease & Ejectmant
- ☐ 240 Tort to Land
- ☐ 245 Tort Product Liability
- ☐ 290 All Other Real Property

TORTS — PERSONAL INJURY
- ☐ 310 Airplane
- ☐ 315 Airplane Product Liability
- ☐ 320 Assault, Libel & Slander
- ☐ 330 Federal Employers' Liability
- ☐ 340 Marine
- ☐ 345 Marine Product Liability
- ☐ 350 Motor Vehicle
- ☐ 355 Motor Vehicle Product Liability
- ☐ 360 Other Personal Injury

PERSONAL INJURY
- ☐ 362 Personal Injury- Medical Malpractice
- ☐ 365 Personal Injury - Product Liability
- ☐ 368 Asbestos Personal Injury Product Liability

PERSONAL PROPERTY
- ☐ 370 Other Fraud
- ☐ 371 Truth in Lending
- ☐ 380 Other Personal Property Damage
- ☐ 385 Property Damage Product Liability

CIVIL RIGHTS
- ☐ 441 Voting
- ☐ 442 Employment
- ☐ 443 Housing/Accommodations
- ☐ 444 Welfare
- ☐ 440 Other Civil Rights

PRISONER PETITIONS
- ☐ 510 Motions to Vacate Sentence Habeas Corpus
- ☒ 530 General
- ☐ 535 Death Penalty
- ☐ 540 Mandamus & Other
- ☒ 550 Civil Rights

FORFEITURE/PENALTY
- ☐ 610 Agriculture
- ☐ 620 Other Food & Drug
- ☐ 625 Drug Related Seizure of Property 21 USC881
- ☐ 630 Liquor Laws
- ☐ 640 RR & Truck
- ☐ 650 Airline Regs
- ☐ 660 Occupational Safety/Health
- ☐ 690 Other

LABOR
- ☐ 710Fair Labor Standards Act
- 720 Labor/Mgmt. Relations
- ☐ 730 Labor/Mgmt. Reporting & Disclosure Act
- ☐ 740 Railway Labor Act
- ☐ 790 Other Labor Litigation
- ☐ 791 Empl. Ret. Inc.
- ☐ Security Act

BANKRUPTCY
- ☐ 422 Appeal 28 USC 158
- ☐ 423 Withdrawal 28 USC 157

PROPERTY RIGHTS
- ☐ 820 Copyrights
- ☐ 830 Patent
- ☐ 840 Trademark

SOCIAL SECURITY
- ☐ 861 HIA (13958)
- ☐ 862 Black Lung (923)
- ☐ 863 DIWC/DIWW (405(g))
- ☐ 864 SSID Title XVI
- ☐ 865 RSI (405(g))

FEDERAL TAX SUITS
- ☐ 870 Taxes (U.S. Plaintiff or Defendant)
- ☐ 871 IRS - Third Party 26 USC 7609

OTHER STATUTES
- ☐ 400 State Reappointment
- ☐ 410 Antitrust
- ☐ 430 Banks and Banking
- ☐ 450 Commerce/ICC Rates/etc.
- ☐ 460 Deportation
- ☐ 470 Racketeer Influenced and Corrupt Organizations
- ☐ 810 Selective Service
- ☐ 850 Securities/Commodities Exchange
- ☐ 875 Customer Challenge 12 USC
- ☐ 891 Agricultural Acts
- ☐ 892 Economic Stabilization Act
- ☐ 893 Environmental Matters
- ☐ 894 Energy Allocation Act
- ☐ 895 Freedom of Information Act
- ☐ 900 Appeal of Fee Determination Under Equal Access to Justice
- ☐ 950 Constitutionality of State
- ☐ 890 Other Statutory Actions

VI. ORIGIN (PLACE AN X IN ONE BOX ONLY)

☒ 1 Original Proceeding ☐ 2 Removal from State Court ☐ 3 Remanded from Appelate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify) ☐ 6 Multidistrict Litigation ☐ 7 Appeal to District Judge from Magistrate Judgment

VII. REQUESTED IN COMPLAINT: ☐ CHECK IF THIS IS A CLASS ACTION UNDER f.r.c.p. 23 DEMAND $ Check YES only if demanded in complaint: JURY DEMAND: ☐ YES ☐ NO

VIII. RELATED CASE(S) IF ANY (See Instructions): JUDGE Docket Number

DATE 6/11/2008 ~~SIGNATURE OF ATTORNEY OF RECORD~~

R.Mille

CR